



Health Clearance Form

Participant Name

Term and Year of Program Abroad

US University

City and Country of Program Abroad

TO THE PHYSICIAN/HEALTHCARE PROFESSIONAL

ALL participants must complete this form to demonstrate they are cleared, health wise, to participate in the ISA program. The Health Clearance form must be signed and returned to the ISA Office, before the participant is allowed to participate in an ISA program. Copies of the Medical History and Health Clearance forms are to be retained by both the healthcare professional and the participant as a confidential medical record.

RIGORS OF STUDY ABROAD

The participant named on this Form has been selected to participate in a program of study abroad. Depending on the program, participants may spend from a month to a full year in residence abroad. Living and studying in a foreign environment may create unexpected physical and emotional stress, which may exacerbate otherwise mild disorders. It is important that all participants be able to adjust to potentially dramatic changes in climate, diet, living conditions and studying conditions that may be seriously disruptive to accustomed patterns of behavior. One should never assume that going abroad to study would provide an antidote to health problems experienced at home. Failure to disclose or inform ISA of medication or medical treatment potentially increases the risk the participant faces while studying abroad.

ALL PARTICIPANTS MUST BE GRANTED A HEALTH CLEARANCE TO STUDY ABROAD WITH ISA

This clearance must include the following steps:

1. The participant must present you a fully completed Medical History form. Please review this form with the participant for accuracy and completeness. You do not need to perform a physical examination unless requested by the participant, but you must discuss the participant's health history thoroughly, paying particular attention to immunizations that may be needed, any allergies the participant may have, and all currently active health issues.
2. Pay special attention to any emotional/psychological problems and the medications the participant is taking. ISA is especially concerned for the well being of participants who have been diagnosed as anorexic or bulimic, bi-polar disorders or depression that requires medication; these conditions may increase the risk to life-threatening levels in a foreign environment. Participants may be cleared with these conditions provided they are in compliance with and stabilized on their medication.
3. Please impress on the participant the need to ascertain the availability of medications in the country to which they are traveling and/or assure that they have a supply of any necessary medication sufficient to last for the entire period they will be abroad. The need for any counseling or laboratory testing while abroad should also be disclosed so that ISA may determine the availability of adequate facilities at the program site.
4. Please describe any physical or learning disabilities the participant may have. Please note on this form any facilities/services required to accommodate such disabilities.

Participants may be cleared for participation so long as, in the opinion of the examining healthcare professional, any condition they may have is under control and they have been stabilized on their medication for a reasonable period of time. If a specialist for a serious ongoing medical or psychiatric condition is currently seeing the participant, the specialist should also approve and sign this clearance form.

Please see page 2.

AUTHORIZATION FOR USE OR DISCLOSURE OF MEDICAL INFORMATION

This authorization is requested of the student to comply with the terms of the Confidentiality of Medical Information Act of 1981, Civil Code Section 56, et seq. I hereby authorize the release of information contained herein by ISA to the host College or University, program housing facilities and/or host family, participant's room mates and any health care professional(s) caring for participant, all as ISA in its discretion deems necessary. I understand that this information will be used for the purpose of protecting participant's health and in the interest of other individuals involved with participant during the term of the program, and in the case of medical necessity while abroad. I also understand that should a new medical condition arise I will be required to obtain a new ISA Health Clearance form, at my own expense.

Participant Printed Name

Participant Signature *(signature acknowledges pages 1 & 2)*

Date

Parent/Guardian Printed Name

Parent/Guardian Name & Signature is only required if participant is under 18-years-old.

Parent/Guardian Signature

(signature acknowledges pages 1 & 2)

Date

PHYSICIAN/HEALTHCARE PROFESSIONAL RECOMMENDATION

(NOTE TO MEDICAL PROFESSIONAL SIGNING FORM: PLEASE MARK A BOX BELOW. IF A BOX IS NOT MARKED, THE FORM CANNOT BE APPROVED.)

Based upon the information provided to me by the participant and after a review of the participant's personal health history, I find that:

There are NO medical or psychiatric contraindications to participation, and the participant is cleared to study abroad.

The participant is cleared to study abroad, BUT officials responsible for participant welfare at the program site should note the following medical information and needs:

Serious active or chronic condition:

Critical medications and dosage:

Allergies:

Disabilities and services needed:

There ARE medical and/or psychiatric contraindications to participation, and in my judgment the participant is NOT cleared to study abroad.

I HAVE READ THE INFORMATION ABOUT THE RIGORS OF STUDY ABROAD AND HAVE REVIEWED THE MEDICAL HISTORY WITH THE PARTICIPANT.

Printed Name of Physician/Healthcare Professional

Signature of Physician/Healthcare Professional

Phone Number

Date