



University of Nebraska-Lincoln

## Education Abroad Health Clearance Form

(To Be Completed by the Health Provider)

### Important Information for Health Provider(s) (Please read carefully)

**Health Clearance Requirement:** Submitting a Health Clearance Form is a requirement for a UNL student to participate in any education abroad program for which the participant will receive UNL sponsorship or credit. *If the participant does not comply with this requirement, the participant will not be approved to participate in, or may be dismissed at the participant's own expense from, the education abroad program.*

**Note:** If the participant's education abroad program is administered by another organization or institution, and the administering organization or institution will collect health information from the participant using its own processes, then the participant is exempt from obtaining a UNL Health Clearance.

**General Requirements of Education Abroad Program Participation:** In addition to meeting all specific requirements of the education abroad program chosen (as set forth in the program description), all participants must meet the following general requirements of program participation:

- Possess the physical and mental well-being required to: live and study in the applicable foreign setting where resources may be different or fewer than those to which they are accustomed; exercise good judgment; and safely fulfill all essential components of the education abroad program, including appropriate standards of conduct.
- Be able to display flexibility and to function in potentially uncertain or stressful situations.
- Be able to align their health care needs with the limited resources that may exist at a nearby health care facility.
- Be able to live in a setting quite different from that to which they may be accustomed and that may aggravate any existing health conditions (e.g., dormitories or residences that may not be air-conditioned or afford privacy, homestays with local families, etc.).
- Participate in typical classroom activities (such as assigned readings, written assignments, classroom discussions, written and/or oral examinations, etc.) with or without reasonable accommodation.
- Participate in program related excursions and activities, which may include moderate activities such as hiking, walking, and/or other recreational sports and in some cases more strenuous activities, where heat or cold may be a factor, based in the particular education abroad program.

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### Health Provider Instructions (Please read carefully)

- Health provider must be licensed in the U.S. and cannot be an immediate family member of the participant (See AMA Code of Ethics E-8, 19).
- UNL will not approve participation in the education abroad program unless the Health Clearance Form is satisfactorily completed and health practitioners certify that the participant is medically stable.
- The Health Clearance Form will be returned to the health practitioner if it does not have the participant's name or is missing information.
- You must consider the participant's general fitness and physical and mental health in relation to: **(a) the general requirements of program participation set forth above; and (b) the specific requirements of the study abroad program set forth in the program description provided to you.**
- Participants with disabilities or other health-related needs who are requesting reasonable accommodations to meet the requirements of the program (as set forth on this form and in the program description) must submit documentation of the disability, along with their request and a copy of this form, to the Services for Students with Disabilities ("SSD") office at UNL at least two

months before scheduled departure to ensure that reasonable accommodation decisions can be made and carried out. Participants with mobility-related issues must work with the UNL SSD office to determine what barriers may exist in and outside of academic, living, and other settings in their chosen education abroad program. UNL cannot guarantee that services are available, nor can it guarantee the accessibility of transport vehicles, housing, hotel/hostel accommodations, study sites, or any of the environs to which the participant may travel.

- A primary care physician may approve and sign this Health Clearance Form if he/she is willing to provide the health clearance and is willing to be the contact person for this participant when he/she is in the education abroad program. If a specialist or specialists is/are currently providing treatment and the primary physician does not want to take responsibility for the specialists' medical judgment, each specialist also must approve and sign this Health Clearance Form, and provide legible contact information. Please note that the participant must be cleared to participate in the education abroad program by the individual's primary physician and/or each specialist if necessary.

**Steps for Health Provider:**

1. The participant must present to you: (a) a completed Confidential Health History Form; and (b) a description of the education abroad program he/she has chosen. Please review the Confidential Health History Form for accuracy.
2. Discuss/review the participant's health thoroughly, referring to: the Confidential Health History Form; the participant's medical records on file; the general requirements of program participation set forth above; and the specific requirements of the education abroad program the participant has chosen, paying particular attention to medications and immunizations that the participant may need, any allergies the participant may have, and all currently active health problems.
3. Indicate on the Health Clearance Form if the participant requires services to facilitate participation in the academic programs so that UNL can assist the participant in determining the availability of adequate services at the program site.
4. Pay special attention to any condition that will require ongoing medication or treatment while the student is abroad.  
Participants will be cleared for participation only if:
  - in the opinion of the examining practitioner or specialist(s), any medical condition(s) they may have is under control;
  - they have a treatment plan in place for required ongoing care while abroad; and
  - they have been stable on their medication for a reasonable period.
5. Indicate on the attached form that you have discussed with the participant health and medication management and services that would be needed abroad. Participants must take a sufficient amount of medication to last for the duration of their education abroad program and make sure that the prescription is available and legal in the host country. You may need to write a letter for the participant to take along with any medications, describing the medication and prescription.
6. Keep a copy of the form on file. Give the original signed form to the participant.

# University of Nebraska-Lincoln Education Abroad Health Clearance Form

**Participant: Print clearly in ink before appointment**

First and Last Name	UNL Affiliation
Education Abroad Program Name	Program Location

**Health Provider Instructions: Forms without signatures and required information will be considered incomplete and will be returned.**

Please read the Health Provider Instructions provided with this form. Review participant's health and discuss it thoroughly with him/her, referring to: the Confidential Health History Form: the participant's medical records on file; the general requirements of program participation set forth above; and the specific requirements of the education abroad program the participant has chosen, set forth in the program description provided to you by the participant. If you feel that there is another physician or health practitioner who has relevant information please indicate that individual's name on this form so they can be consulted before final clearance is given.

**PHYSICIAN STATEMENT:**

*I have reviewed thoroughly the participant's health, referring to the participant's Confidential Health History Form, medical records on file, and the attached program description. Based on the information contained in the participant's medical records and provided to me by the participant, both in person and on the Confidential Health History Form, as well as my current observation of this participant, to the best of my knowledge, the participant is:*

1. ( ) Participant is CLEARED. There are no medical or mental health contraindications to participation in the education abroad program that the participant has chosen.
  
2. ( ) Participant is CLEARED (Check all that apply below)
  - ( ) 2.a. Participant requires an accommodation to participate in the academic program (e.g. note-taking, wheelchair access, etc.). (Participants will need to submit documentation of their disability or health related need along with request for reasonable accommodation to the UNL Services for Students with Disabilities (SSD) Office at least two months before departure to ensure reasonable accommodations can be determined and arrangement can be made).
  
  - ( ) 2.b. Participant requires services to facilitate a healthy and safe stay abroad (e.g., regularly available medical care, counseling, etc.). Indicate that the participant has a treatment plan in place and is stable. Please provide recommendations for care:  

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  - ( ) 2.c. Participant requires a sufficient supply of medications to last through the duration of the education abroad program the participant has chosen and prescriptions have been provided to support the necessary medication.  
Please list medications:

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( ) 2.d. Participant is allergic to certain medication(s), foods or other substances. Please list:

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2. ( ) Participant is NOT CLEARED: There are medical or psychological health contraindications to participation in the education abroad program the participant has chosen.

Licensed Physician/Health Provider \* (PRINT LEGIBLY)

License Number

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact information number in case of a medical emergency

Phone: \_\_\_\_\_ FAX no: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\*Physician or Health Provider must be licensed in the U.S. & cannot be an immediate family member of participant. (See AMA Code of Ethics E-8.19)

One copy of this form is to be kept on file by the health care professional who performed this clearance.

The participant must provide the original and one copy of this form to the UNL Education Abroad Office at least one calendar month prior to the date of his/her anticipated departure. The UNL Education Abroad Office will provide one copy to the leaders of the participant's education abroad program.