



University of Nebraska-Lincoln

## Education Abroad Confidential Health History Form

(To Be Completed by the **Participant**)

### Overview of Forms:

#### Confidential Health History Form

- **You** will complete the attached Confidential Health History Form. It is used for you to provide information about your health history to your health provider(s).
- You are **not** required to send the Confidential Health History Form to any office at the University of Nebraska-Lincoln (UNL).

#### Health Clearance Form

- **Your health provider** will complete the Health Clearance Form.
- You **are** required to submit the Health Clearance Form to the UNL Education Abroad Office.

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**Health Clearance Requirement:** Obtaining a Health Clearance is a requirement to participate in any education abroad program for which you will receive UNL sponsorship or credit. *If you do not comply with this requirement, then you will not be approved to participate in, or may be dismissed at your own expense from, the education abroad program.*

**Note:** If your education abroad program is administered by another organization or institution, and the administering organization or institution will collect health information from you using its own processes, then you are 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, 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 on the particular education abroad program.

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### Participant Instructions (Please read carefully)

**Deadline:** You must comply with the Health Clearance Requirement and submit the Health Clearance Form no later than one calendar month before departure. *Participants who are not in compliance with this requirement may not be approved to participate in, or may be dismissed at their own expense from, their education abroad program.*

**Note:** If you need accommodations, you must apply for accommodations with the Services for Students with Disabilities Office no later than two calendar months before departure to ensure

that reasonable accommodation decisions can be made and accommodations can be made before departure.

**Steps for Participants:**

1. **READ** this entire document, including the “Important Information for Participants” below.
2. **PRINT and FILL OUT** the Confidential Health History Form accurately and truthfully **before your appointment(s)** with your health care provider(s) to be evaluated for a health clearance.
3. **PRINT** a copy of the **Health Clearance Form** for your health provider(s). Write your name, UNL affiliation, and education abroad program name on the attached form **before** your appointment with your health provider(s).
4. **PRINT** a copy of your **program description** from the website for your education abroad program.
5. **TAKE** the completed Confidential Health History Form, the program description, and the Health Clearance Form with you to your health provider(s).
6. **GIVE** a copy of the completed Confidential Health History Form, the program description, and the Health Clearance Form to your health provider(s).
7. **MAKE ADDITIONAL COPIES** of the Health Clearance Form to give to a health care provider abroad and/or to the leaders of your education abroad program in case of a medical emergency. **KEEP** a copy of the Health Clearance Form with your passport when you travel abroad in case of emergency.
8. No later than one calendar month before the date of your anticipated departure, **SUBMIT** the original Health Clearance Form and one copy of the Health Clearance Form to the UNL Education Abroad Office: 420 University Terrace, Lincoln, NE 68588-0682
9. **INFORM** the Education Abroad Office and the leaders of your education abroad program of any medical or additional special needs, or changes in health that occur after you have submitted your Health Clearance Form. Failure to provide complete and accurate information may be grounds for non-participation in, or dismissal from, your education abroad program *at your own expense*.

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**Important Information for Participants (Please read carefully)**

**For all participants seeking to obtain a health clearance:**

**Confidentiality:** As stated above, obtaining a Health Clearance Form is a mandatory requirement for participation. UNL must receive accurate information about your physical and mental abilities to participate in the education abroad program you have chosen. Information that the UNL Education Abroad Office receives about you is confidential and will be shared only with those who need to know in order to assist you when you are abroad, including those providing emergency or other necessary health care.

**Full Disclosure:** It is extremely important to disclose all of your medical history to any health provider(s) who complete your Health Clearance Form, even if you do not believe that a condition might create a problem for you while abroad. Full disclosure will allow your health provider(s) to help you make necessary arrangements or plans to assist you in enjoying a successful experience. Identifying medical or mental health problems allows everyone involved the opportunity to work with you to enhance the success of your education abroad program. *Failure to provide complete and accurate information to your health provider(s) or to UNL may be grounds for you to be barred from participation in, or dismissed at your own expense from, the education abroad program you have chosen.*

**For participants with known and/or chronic medical conditions:**

You must take special precautions in preparing for and managing your situation abroad. For example, a participant with allergies must ensure that any necessary specialized medications are available, and a participant with diabetes must consider the consequences of contracting malaria. You also need to discuss with your health provider how the new environment and the stresses of education abroad may affect your health. *Preexisting mental health conditions are often intensified by living in a different culture. There may be very few if any local resources to help a participant manage potential triggers.* You should discuss these concerns with your health care provider(s) before your departure and fully explore what, if anything is available to address your health concerns in the location you will be visiting.

**For participants with a disability or health-related need who believe they need accommodation to meet the general and/or specific requirements of program participation (as set forth on this form and in the program description):**

You must make an appointment and be prepared to submit documentation of a disability or health-related need, along with a request for reasonable accommodation, to the Services for Students with Disabilities (SSD) Office at (402) 472-3787. If you have mobility-related issues, you must confer with the leaders of your education abroad program and work with the UNL SSD Office to determine what barriers may exist in and outside of your academic, living, and other settings for your chosen education abroad program. UNL cannot guarantee that services are available, nor can it guarantee the accessibility of transportation vehicles, housing, hotel/hostel accommodations, study sites, or any of the environs to which you may travel.

**For participants using medication:**

- If you use medication on a regular basis -- such as asthma inhalers or oral contraceptives -- you should take a sufficient supply to last throughout your stay and carry a letter from your physician on letterhead explaining the medical necessity and treatment.
- When going through customs abroad, officials may scrutinize prescription medication. Carry your prescription in original containers with a letter from your physician (see p. 3 of the Health Clearance Form). Medications that are legal and readily available in the U.S. may be considered illegal and/or may require an additional prescription or host country authorization. It is your responsibility to find out whether your prescription medication is available and legal at your destination. Refer to "Mailing medication abroad," below.
- If you are taking a medication for an ongoing health condition, you must be medically stable on your medication before starting your education abroad experience. "Medically stable" means that no changes in your symptoms are foreseen or expected. Discuss proper medication management with your doctor.
- If you are being treated for a mental health condition, work closely with your health provider(s) to understand possible triggers, what medications you are taking and if they are available overseas, and how to reach out for help while abroad. You should have a treatment plan for receiving necessary counseling services while participating in the education abroad program.

**Mailing medication abroad:** Most countries have very strict regulations on having medications shipped abroad. Participants find that refills of regularly taken medications in the U.S. get stopped by the host country's customs. Decisions on what medications may be mailed legally into some foreign countries are made by the Host Country Government, not the U.S. Post Office. Participants should call the host country embassy or the consulate in the U.S. for questions about mailing medications abroad.

## University of Nebraska-Lincoln Education Abroad Confidential Health History Form

Participants must submit a Health Clearance Form **at least one calendar month** before departure. If a reasonable accommodation is necessary, participants will need to contact the Services for Students with Disabilities Office **at least two calendar months** before departure to ensure time to arrange accommodations.

Obtaining a Health Clearance is a requirement to participate in any education abroad program for which you will receive UNL sponsorship or credit. *If you do not comply with the requirement to obtain a Health Clearance, you will not be approved to participate in, or may be dismissed at your own expense from, the education abroad program.*

**Note:** If your education abroad program is administered by another organization or institution, and the administering organization or institution will collect health information from you using its own processes, you are exempt from submitting a UNL Health Clearance Form.

This Confidential Health History Form and a review of your medical record on file will be used by your health provider(s) during the health clearance process.

**The UNL Education Abroad Office must be informed of any recent medical or special needs or changes in health that occur after your health clearance appointment(s) but before the start of the program.**

**YOU MUST COMPLETE THE FOLLOWING INFORMATION BEFORE YOUR HEALTH CLEARANCE APPOINTMENT(S).**

**PRINT:**

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Program/Country \_\_\_\_\_ NUID \_\_\_\_\_

Person to notify in case of emergency (Print legibly):

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone, include area code \_\_\_\_\_

**GENERAL HEALTH:**

List any recent or continuing health problems: \_\_\_\_\_

\_\_\_\_\_

List any physical or learning disabilities: \_\_\_\_\_

\_\_\_\_\_

Are you currently under the care of a doctor or other health care professional, including for mental health treatment?  
Yes \_\_\_ No \_\_\_

For what condition(s):

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Address \_\_\_\_\_

**SURGERIES:** List type and year \_\_\_\_\_

**DRUG/FOOD ALLERGIES:** List any drug or food allergies and briefly describe reaction: \_\_\_\_\_

**MEDICAL HISTORY:** Participants with known and/or ongoing medical problems must take special precautions in preparing for and managing their situation overseas. Check if you have ever had any of the following:

	Yes	Date		Yes	Date		Yes	Date
Headaches (migraines, etc.)			Ulcer/colitis			Back/joint problems		
Epilepsy/Seizures			Hepatitis/ Gallbladder			High blood pressure		
Asthma/lung disease			Bladder/Kidney disease			Thyroid problems		
Heart disease			Diabetes			Chronic infections		
Anemia/blood disorder			Cancer/ tumors			Other (List _____ )		

**MENTAL HEALTH HISTORY:** Have you ever suffered from, been treated for, or hospitalized for the following?

	Yes	Date(s)
Any mental health condition such as depression/anxiety		
Substance Abuse (alcohol or drugs)		
Eating disorder		
Current medications		

**IMMUNIZATION RECORDS:** Indicate most recent date (or attach immunization record during your medical appointment).

	Date		Date
Polio		Measles	
Tetanus booster or Tetanus/diphtheria booster		Rubella	
Mumps		MMR	

**Medications:** Participant is responsible for ensuring that all medications are legally permissible abroad. Are you currently taking any medications? Yes ( ) No ( ) Please specify below. Include any medication you carry for possible use (e.g. inhaler, epi pen).

**Reasonable Accommodations:** Any reasonable accommodations you may need to facilitate participation in the academic program (e.g. note-taking, wheelchair access must be determined by Services for Students with Disabilities. Reasonable accommodations must be requested at least two months before the scheduled departure date for the Education Abroad program. Note that UNL cannot guarantee that services are available; participants must present documentation of their disability or health-related need, along with a request for reasonable accommodation, to the Services for Students with Disabilities (SSD) Office at (402) 472-3787 V/TTY.

*I certify that all responses made on this form are complete, true, and accurate. I understand that if there are any changes in my health status, I will contact the UNL Education Abroad Office immediately. I understand that if I misrepresented or failed to provide the information requested on this form, I may be*

*barred from participation in, or dismissed at my own expense from, the education abroad program I have chosen.*

**Participant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The participant will give a copy of this form to any health provider evaluating the participant for a health clearance. The participant will need a copy of this form to keep with his/her passport in case of a medical emergency. UNL suggests that the participant also makes additional copies for health care provider(s) abroad and leaders of the education abroad program.