

Health Clearance for Students Planning to Study/Intern Abroad

STUDENT INSTRUCTIONS

1. Fill out the Student Information section and take the form with you to your physical exam appointment.
2. If you see a specialist for any ongoing condition, we recommend that your specialist complete the **Specialist Report** form indicating that your condition is stable and/or any special considerations or treatment you may need while abroad. Having this information with you at your physical exam appointment will ensure that the examining provider has sufficient information to complete the **Health Clearance** form. When completing the student information section of the **Specialist Report**, provide the name & fax number of the provider (if not at University Health Services) who will complete the **Health Clearance** form.
3. You must ensure that the completed and fully signed **Health Clearance** form is submitted to UT Study Abroad by your examining provider's office on your behalf. The health clearance may be completed up to six months prior to departure, and must be received by the deadline for completion of pre-departure forms.
4. This form is required by UT and is in addition to any forms required by your program. This requirement cannot be waived, and is a condition of full acceptance into the program.
5. Some programs will require a separate travel health consultation due to program provider requirements and/or country-specific risks.
6. Should you elect to contest a determination of non-clearance, any additional information should be submitted to the original examining provider for their reconsideration of your health clearance.

HEALTH CARE PROVIDER GUIDELINES

Students who wish to study or intern abroad must be cleared by a health care provider. When determining a student's clearance status, please include the following steps and considerations:

1. Discuss/review the student's health history, paying particular attention to medications that the student may need, any allergies the student may have, and all currently active health problems.
2. Perform a thorough physical examination.
3. Pay special attention to any chronic health conditions, and any medications the student is taking. Students may be cleared with these conditions provided they are in compliance with, and stable on, their medication.
4. A **Specialist Report** form is recommended if the patient is under the care of a specialist for a chronic condition or if the need for a specialist evaluation is determined.
5. Please impress on the student that he/she needs to take a sufficient amount of medication to last for the duration of the program abroad, or verify that the medication is locally available and legal.
6. Assess the need for any continued health care, counseling or laboratory testing while abroad so the student can determine the availability of adequate facilities at the program site.

Students may be cleared for participation as long as, in the opinion of the examining provider, any health condition the student may have is under control and has been stable for a reasonable period.

The University of Texas at Tyler • Study Abroad
Health Clearance for Students Planning to Study/Intern Abroad

PLEASE PRINT CLEARLY WITH A BLUE OR BLACK PEN. ALL LINES AND APPLICABLE BOXES MUST BE COMPLETED.

*For students seeing a specialist for an ongoing condition, we recommend that the student visit the specialist first to complete the **Specialist Report** form prior to his/her physical exam appointment for completion of this form.

STUDENT INFORMATION: Completed by the Student

FIRST AND LAST NAME OF STUDENT _____ UT STUDENT ID _____ FIRST TERM ABROAD (E.G. SUMMER SESSION 1, 2020) _____

PROGRAM NAME (PROGRAM OR HOST UNIVERSITY) _____ LOCATION OF PROGRAM (CITY, COUNTRY) _____

I have read the student instructions and disclosed ALL known health history to the healthcare provider. I authorize release of this form to The University of Texas at Tyler.

STUDENT SIGNATURE _____ DATE _____

CLEARANCE: Completed by the Health Care Provider

Health Care Provider must be licensed in the U.S. and cannot be an immediate family member (AMA Code of Ethics E-8.19).

1. See **Health Care Provider Guidelines** prior to completing this form.
2. After reviewing the student's health history and performing an appropriate medical exam, review these with the student and discuss his/her ability to travel and live abroad. Then, complete the clearance section of this form.
3. **If you require additional information to clear the student to study/intern abroad**, please indicate this below and submit the form. Upon receipt of the required information and/or a follow up appointment with the student, your final assessment should be recorded in the **Clearance Update** section below, and the form resubmitted with the update.
4. Please forward this form directly to UT Tyler Study Abroad.*

I have reviewed the student's health history and performed a physical exam. Based upon this information, to the best of my knowledge, the student is:

- Cleared to study/intern abroad: Any health condition the student may have is under control and has been stable (including any medication required) for a reasonable period.
- NOT cleared to study/intern abroad:
 - There are contraindications to participation.
 - More information needed before final decision can be made. (The **Clearance Update** below will be completed and submitted when the information is received.)

Licensed Health Care Provider (PLEASE PRINT CLEARLY OR STAMP)

SIGNATURE (REQUIRED) _____

NAME _____

TELEPHONE NUMBER _____ DATE _____

REQUIRED: Place office stamp here.

CLEARANCE UPDATE: Completed by the Health Care Provider

This section is required only if additional information is received which allows a student's fitness for study abroad to be re-assessed. Health Care Provider must be licensed in the U.S. and cannot be an immediate family member (AMA Code of Ethics E-8.19).

I have reviewed the student's additional information. Based upon this information, to the best of my knowledge, the student is:

- Cleared to study/intern abroad: Any health condition the student may have is under control and has been stable for a reasonable period.
- NOT cleared to study/intern abroad: There are contraindications to participation.

Licensed Health Care Provider (PLEASE PRINT CLEARLY OR STAMP)

SIGNATURE (REQUIRED) _____

NAME _____

TELEPHONE NUMBER _____ DATE _____

REQUIRED: Place Address Stamp Here.

*DO NOT RETURN TO STUDENT. Upon completion, submit this form to UT Tyler Study Abroad.

- Email: studyabroad@uttyler.edu

SUBMITTED: _____
DATE INITIALS