



## **ASU Confidential Health History for Students Planning to Study Abroad**

### **Instructions**

The Angelo State University Center for International Studies Program (CISP) Health Clearance is a non-waiveable requirement for participation.

1. ALL students must comply with the health clearance requirement before departure and within stipulated deadlines. Students who are not in compliance may face dismissal from the CISP.
2. ALL students must use this form and the Confidential Health History form to get their CISP health clearance, regardless where the health clearance is obtained.
3. **This form MUST be legibly completed, signed and returned to the Center for international Studies by March 1.**

### **IMPORTANT: To the physician/health practitioner\* —Please read carefully—**

The student named on the attached CISP health clearance form has been selected to participate in Angelo State University's Study Abroad Program. Depending on the program, students may spend from a few weeks to a full year abroad. Living and studying in a foreign environment frequently creates unexpected physical and emotional stress, which can exacerbate otherwise mild disorders. It is important that all participants are able to adjust to potentially dramatic changes in climate, diet, and living and studying conditions that may be seriously disruptive to accustomed patterns of behavior.

**Please read these instructions carefully before completing this form.**

**The health clearance is required** for all ASU students on CISP before departure. **It must include the following steps and considerations:**

1. **The student must present to you a short medical history.** Please review this form carefully with the student for accuracy. You do not need to perform a physical examination.
2. **You must discuss/review the student's health history thoroughly**, paying particular attention to medications and immunizations that the student may need, any allergies the student may have, and all currently active health problems.
3. **Pay special attention to any emotional or psychological conditions and any medications the student is taking.** We are especially concerned for the well-being of students who have eating disorders and/or students with psychological conditions that require medication and/or continued therapy while abroad. As you may know, these conditions may escalate to life-threatening levels in a foreign environment. ***Students may be cleared with these conditions provided they are in compliance with, and stable on their medication.***
4. **Please impress on the student the need to take a sufficient amount of medication to last for the duration of their study abroad program or that the medication is locally available and legal.**
5. **Clearly indicate on this form that you have discussed health and medication management and services that would be needed abroad in detail with the student.** You may choose to have the student initial his/her consent that student understood the information provided on the attached form.
6. **Assess the need for any continued health care, counseling or laboratory testing while abroad.**

**Students may be cleared for participation as long as, in the opinion of the examining practitioner and/or specialist, any medical condition they may have is under control and they have been stable on their medication for a reasonable period.**

If a specialist or specialists is/are currently seeing the student for an ongoing medical or psychiatric condition, each specialist must also approve a clearance form, and provide contact information. Please note that the student must be cleared to participate in a study abroad program by a physician/health practitioner **AND** each specialist, if the student is being seen by one or more specialists.

**\*Physician/Health provider/specialist must be licensed in the U.S. and cannot be an immediate family member (AMA Code of Ethics E-8.19)**



## Confidential Health History Form

All students must have a health clearance completed before departure to participate in **CISP**. Students may be dismissed if they do not comply with this requirement. This form is to be used in conjunction with the **CISP** health clearance process, which may include review of your medical record on file. You must complete this form **BEFORE** attending your health clearance consultation.

**Please note that ASU CISP must be informed of any recent medical or special needs or changes in health that occur before the start of the program. Failure to provide complete and accurate information may be grounds for non-participation in CISP.**

**Students must complete the following information before consultation with a health care provider.** Failure to provide complete and accurate information may be grounds for non-participation in **CISP**. Failure to disclose health care problems may also lead to serious medical consequences, including death while studying abroad.

**PRINT:** Last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle initial \_\_\_\_\_ Sex: M F

Program/Country: \_\_\_\_\_ Student CID: \_\_\_\_\_

Person to notify in case of emergency:

Name: \_\_\_\_\_ relationship: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State, Zip Code \_\_\_\_\_

\_Phone (Include area code): ( \_\_\_\_\_ ) \_\_\_\_\_

### GENERAL HEALTH:

List any recent or continuing health problems:

\_\_\_\_\_

List any physical or learning disabilities:

\_\_\_\_\_

List any medications taken for health maintenance:

\_\_\_\_\_

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

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

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

For what condition(s): \_\_\_\_\_

**SURGERIES:** List type and year

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

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**MEDICAL HISTORY:** Students with known and 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			Ulcer/colitis			Back/joint problems		
Epilepsy/seizures			Hepatitis/gallbladder disease			High blood pressure		
Asthma/lung disease			Bladder/kidney problems			Thyroid problems		
Heart disease			Diabetes			Recurrent or chronic infectious diseases		
Anemia or bleeding disorder			Cancer/tumors			Other (List		

**MEDICATIONS:** Student 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, bee sting kit.

**SERVICES YOU WILL NEED TO FACILITATE YOUR EDUCATION** (e.g., note takers)

I certify that all responses made on this form are complete, true and accurate, and I understand that if there are any changes in my health status, I will contact ASUCISP. I understand that if I withhold information on this form I could be withdrawn from the program.