



## ASU Health Clearance for Students Planning to Study Abroad

### Instructions

The Angelo State University Center for International Studies Program (CISP) Health Clearance is a non-waivable 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. Students must inform the Center for International Studies of any recent medical or additional special needs, or changes in health that occur before the start of the program. This information is necessary to enable the Center for International Studies to assist you in determining whether adequate medical and other resources are available for your medical or other special needs abroad. Because of the importance of having this information for your safety, failure to provide complete and accurate information may be grounds for non-participation in, or dismissal from, the CISP.
4. **This form MUST be legibly completed, signed and returned to the following address no later than sixty days before a student's departure.** Students should also refer to their Campus Office health instructions.

**Center for International Studies** – Angelo State University, ASU Station 11035, San Angelo, TX 76909-1035.

**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. Studying abroad does not provide an antidote to health problems experienced at home.
- Please read these instructions carefully before completing the attached 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 fully completed CISP Confidential Health History form.** Please review this form carefully with the student for accuracy. You do not need to perform a physical examination unless required by the student's program, or Campus Student Health Services.
2. **You must discuss/review the student's health history thoroughly referring to the Confidential Health History form and the student's medical records on file,** 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.** CISP is 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 CISP or that the medication is locally available and legal.**
5. **Clearly indicate on the attached 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 so CISP can determine the availability of adequate facilities at the program site.

7. List any physical, emotional, or learning disabilities the student may have, and be sure to specify the facilities or services required abroad on this form.

**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 and sign this clearance form, and provide contact information. Please note that the student must be cleared to participate in CISP 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)***

**AFTER EVALUATING THE STUDENT'S HEALTH, CAREFULLY COMPLETE THE FOLLOWING PAGE**



## CISP Health Clearance for Students Planning to Study Abroad

1. **Review Student's Confidential Health History Form and medical records on file, with the student and discuss/review the student's health history thoroughly.** After review, the Physician/Health Practitioner must carefully AND LEGIBLY complete this form; otherwise, the process may be delayed.
2. **For students seeing a specialist for an ongoing condition,** the approval and signature of the specialist (s) must be obtained before final clearance is signed by the Physician or Health Practitioner.
3. **Legible names of the physician and the specialist, if student is seeing one, are required.** FORMS WITHOUT SIGNATURES AND THE REQUIRED INFORMATION WILL BE CONSIDERED INCOMPLETE and will delay the student's compliance with CISP requirements.

**PLEASE PRINT CLEARLY WITH A BALL POINT PEN. ALL LINES AND APPLICABLE BOXES MUST BE COMPLETED**

\_\_\_\_\_  
First and Last Name of Student

\_\_\_\_\_  
ASU Campus

\_\_\_\_\_  
CIS Program Name (Term/Host University/Country)

I have read the attached information about the rigors of study abroad and have reviewed the student's Confidential Health History form and medical records on file, with the student. Based upon the information provided to me by the student on the Confidential Health History form, and pursuant to a review of the student's personal health history, to the best of my knowledge the student is:

**Licensed Specialist/Psychotherapist\* (Section and signature required if checked)**

1. **Conditionally cleared to study abroad:** Student should arrange the following before CISP participation.

1.a Services that would facilitate the student's education (e.g. note taking, wheel chair access). Student should contact the on-campus Disability Services Office for a letter documenting disability and who will pay for services.

1.b. Current need for services that would facilitate a healthy and safe stay abroad (e.g. regularly available psychiatric therapy, English-speaking therapist with expertise in eating disorders, etc.). Indicate that student is stable.

1.c Discussed with student to take enough medication to last through CISP or ensure that the medication is locally available and legal. If student is on medication, please list. Also, indicate if significant allergy to any medication.

- Student is NOT cleared to study abroad:** There are **medical contraindications** to CISP participation.
- Student is NOT cleared to study abroad:** There are **psychiatric contraindications** to CISP participation.
- Unconditionally cleared to study abroad:** There are NO medical or psychiatric contraindications to CISP participation.

**Licensed Specialist/Psychotherapist:** PLEASE PRINT CLEARLY name and title:

Phone number (include area code):

Signature:

Date:

**Licensed Physician/Health Practitioner\***

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1.a Services that would facilitate the student's education (e.g. note taking, wheel chair access). Student should contact the on-campus Disability Services Office for a letter documenting disability and who will pay for services.

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- Student is NOT cleared to study abroad:** There are **medical contraindications** to CISP participation.
- Student is NOT cleared to study abroad:** There are **psychiatric contraindications** to CISP participation.
- Unconditionally cleared to study abroad:** There are NO medical or psychiatric contraindications to CISP participation.

**Licensed Physician/Health Practitioner (M.D., N.P.,P.A., or R.N):**

Phone number (include area code):

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PRINT CLEARLY name and title

Signature:

Date:

***\*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)***

**Upon completion**, the student must send the this form to ASU CISP by the deadline.

— PHYSICIAN RUBBER STAMP OR BUSINESS CARD HERE —