

**DO NOT SEND A COPY OF THIS FORM TO YOUR CAMPUS
EAP OFFICE OR TO THE UCEAP SYSTEMWIDE OFFICE**

SYSTEMWIDE OFFICE

Confidential Health History Form and Instructions for Students

START THIS PROCESS EARLY. Read carefully and complete the following form **before** your health clearance appointment.

- *The UCEAP Health Clearance is a participation requirement. It cannot be waived.* If you do not comply with all aspects of the UCEAP health clearance process, you may be dismissed from UCEAP.
- *Complete the confidential form accurately and truthfully before your health clearance consultation.* Failure to provide complete and accurate information to the health professional may be grounds for non-participation in UCEAP.
- *UCEAP strongly encourages you to fully disclose your health history, including pre-existing conditions, to the medical professional even if you believe that a condition is under control.* Your confidential disclosure will allow medical professionals to better advise you and discuss possible continued treatment plans in support of your participation in UCEAP. UCEAP can work with you to identify resources abroad.
- *You are responsible for notifying UCEAP immediately of any changes in your health before departure or while on the program.* UCEAP may require a second clearance or a letter from the treating physician indicating that you can study abroad. Failure to disclose any health changes may be grounds for withdrawal.

KNOW BEFORE DEPARTURE: IF YOU HAVE A CHRONIC MEDICAL CONDITION, discuss with your doctor how you will manage your condition abroad. Pre-existing conditions are often intensified by living in a different environment; there may be fewer, or inexistent, local resources to help you manage your condition. If you have a documented disability, and are registered through your UC campus disability office, request an accommodations letter **well before departure**. Follow protocols indicated on the program Predeparture Requirements (PDR) section in your UCEAP portal.

If you are Traveling with Prescription Medication

1. Commonly prescribed medication in the US could be unlicensed or prohibited in other countries. Verify that your medication is legal and that you can take a supply to last throughout your stay. Although medications in amounts for personal use generally are not inspected or questioned, some countries will not allow any amount of the medication, particularly if it contains controlled substances. Inform yourself. Talk with your doctor if you need to switch medication. If your prescription medication contains a controlled substance, review medication regulations on official government websites. Check the Predeparture section of your UCEAP portal for specific country information. Also, web addresses and excerpts of national statutes for most countries are produced by the International Narcotics Control Board, www.incb.org/incb/en/psychotropic-substances/travellers_country_regulations.html.
2. **Carry a letter from your physician, on letterhead, explaining your diagnosis, treatment, and prescription regimen.** Always carry your prescription medications in original containers, and keep the letter from your physician handy. **Do not make plans to have refills mailed to you.**
3. You must be stable on your medication before departure. Medically stable means that you must be in a state where no changes in symptoms are foreseen or expected. Work closely with your doctor to design a treatment plan, understand possible triggers, and know how to reach out for help, if needed.

Instructions (May vary depending on your campus protocols. Check with your UC campus office.)

- FILL OUT** this form completely and honestly **before your health clearance appointment.**
- GIVE** a copy of this completed form to the health practitioner during your clearance appointment.
- DISCUSS** your health history and information and a contingency plans in case you need to seek care abroad.
- TAKE a copy** of your completed confidential health history form abroad to share with local health practitioners in case of a medical emergency. **Do not mail a copy to the UCEAP Systemwide Office.**

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The UCEAP health clearance process must be completed 60 days before the official program start date (except for Chile, refer to your PDR). *It is a non-waivable requirement.* Your answers below and a review of your health records on file will be used during the health clearance process. *You must inform UCEAP or your UC campus SHS, of any recent medical or special needs or changes in health that occur before the start of the program.*

Complete this form BEFORE your medical appointment. Failure to provide complete and accurate information may be grounds for non-participation in UCEAP. Your confidential disclosure can help you and the clinician to better plan for a successful and safe experience abroad.

PRINT:

Last name _____ First _____ Middle _____ Sex: M F

Country/Program _____ Student I.D. _____

Person to notify in case of emergency: _____
NAME PHONE, INCLUDE AREA CODE

GENERAL HEALTH: List any recent or continuing health conditions: _____

List any physical or learning disabilities, and list any services you will need to facilitate your education: _____

Over the last 12 months have you been 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 _____

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

MEDICATIONS: Student is responsible for ensuring that all medications are legal abroad.

Are you currently taking any medications? Y N Specify name, type & brand of any medications including inhalers, bee sting kits, etc.

MEDICAL HISTORY: Students with medical condition(s) must prepare to manage them abroad. Complete below and provide details on back of form:

	Y	N	Date		Y	N	Date		Y	N	Date
Anemia or bleeding disorder				Ulcer/colitis				Back/joint problems			
Epilepsy/seizures				Hepatitis/gallbladder				High blood pressure			
Asthma/lung disease				Bladder/kidney problems				Thyroid problems			
Chronic headaches/migraines				Diabetes				Recurrent or chronic infectious diseases			
Heart disease				Cancer/tumors				Other (Note below)			

MENTAL HEALTH HISTORY: Have you ever been diagnosed, been treated for, or been hospitalized for any of the following?

	Y	N	Please provide additional information for any 'Yes' response
Any mental health condition, including depression/anxiety			
Substance abuse (alcohol and/or drugs)			
Eating disorder (anorexia/bulimia/other)			
Are you taking/have ever taken medication for above?			

IMMUNIZATION HISTORY: Provide a copy of your immunization records as a supplement to this form –or– enter the dates you received the following vaccinations. Include dosage dates for numbered items and most recent vaccination date for non-numbered items:

Check box if you already submitted vaccination documentation [MMR, VZV, Tdap, MenACWY and TB screening] to campus Student Health.

Check box if you have a medical exemption on file with campus Student Health, and write 'Exempt' in place of vaccination dates below.

Measles, Mumps, Rubella (MMR) #1 _____ #2 _____ -OR-
 Measles (Rubeola): _____, Mumps: _____ and Rubella: _____

Tetanus-diphtheria-pertussis (Tdap): _____ -OR- Tetanus diphtheria (Td): _____

Varicella (Chickenpox) #1 _____ #2 _____ or History of chickenpox _____

Tetanus-Diphtheria-Pertussis (Tdap): _____

Polio 3-dose series: #1 _____ #2 _____ #3 _____ and Adult booster _____

Meningococcal conjugate (Serogroups A, C, Y, and W-135) _____ and/or (Serogroup B) _____

Hepatitis A #1 _____ #2 _____

Hepatitis B #1 _____ #2 _____ #3 _____

Human Papillomavirus (HPV) #1 _____ #2 _____ #3 _____

Influenza (most recent) _____

On back of form write type and most recent vaccination date of any vaccinations you have already received that may be relevant to your travel destination. E.g., Typhoid, Yellow Fever, Japanese Encephalitis

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 UCEAP immediately. I understand that if I withhold information on this form I may be withdrawn from the program.

Student's Signature: _____ Date: _____