HEALTH CLEARANCE FORM FOR STUDENTS STUDYING ABROAD

Confi	dentia	an or Health Practitioner must complet Health History form with the student. I of the specialist must be obtained pr	For students seeing a sp	ecialist for a serious	ongoing condition,	
Name of Student (please print)			Program	Abroad	Term	
l hav Healt	e read	N/HEALTH PRACTITIONER: If the attached information regarding tory form with the student. Based tory form and my thorough evaluations.	on the information prov			
		here are NO medical or psychiatric contraindications to participation, and the student is eared to study abroad.				
	 While the student is conditionally cleared to study abroad, the student should arrange the following in advance of IP participation: Services that would facilitate the student's education (e.g. note taking, wheel chair access Student should contact the on campus Disability Services Office. 					
	2.	Services that would facilitate a h therapy, allergy treatment, etc.).		e.g. regularly availa	ble psychiatric	
	3.	Take a sufficient amount of med medication is locally available. In				
		here ARE MEDICAL/PSYCHOLOGICAL concerns that require a specialist referral for earance to participate in the study abroad program.				
		here ARE MEDICAL contraindications to participation and in my judgment the student is OT cleared to study abroad.				
		here ARE PSYCHIATRIC contraindications to participation and in my judgment the student NOT cleared to study abroad.				
Phys & Sta		Health Practitioner Signature	Print name	Phone	Date	
		is conditionally cleared, please have ecommendations for either clearance			sign and comment	
Psychotherapist Signature & Stamp Print name Phone D					Date	
Specialist Signature & Stamp Print name Phone					Date	
I cert form	to a li	: at I have had the required physical censed physician. I agree to allow concerning health matters.				
Stude	ont Si	gnature			Date	