Adelphi University
Student International Travel
Medical Clearance Packet

Adelphi University requires all students who participate in University-sponsored international travel to complete this Health Clearance Packet.

Please read the instructions carefully. This packet has two parts:

- Part I – Student Information & Confidential Health History
- Part II – Health Care Provider Clearance and Certification

Information provided in this packet will be treated confidentially. Adelphi University requires this information to help identify any special medical needs you may have when you study abroad. Any information considered important and essential will be forwarded to relevant parties, including but not limited to program leaders and host institutions, for the purposes of assisting you as promptly and correctly as possible, should you require medical attention or counseling during your stay abroad.

Students are encouraged to make an appointment with a health care provider as soon as possible to ensure timely completion of these forms. Part I should be completed by the student and reviewed with the health care provider during the medical clearance appointment.

Part II must be filled out by the student's health care provider. If the student is presently under the regular care of a specialist, including a mental health counselor, the health care provider determines whether the specialist should complete the Specialist Medical Clearance Certification form. **Students must upload Part II to the Adelphi University online study abroad application.**

Students seeking an accommodation based on a disability during their time abroad should contact the Student Access Office (SAO), located in the Ruth S. Harley University Center, Room 314, (516) 877-3806 for information on requesting an accommodation.

The health care provider and specialist must be licensed in the United States and cannot be an immediate family member of the student (AMA Code of Ethics E-8.19). The health care provider must complete Part II: Health Care Provider Medical Clearance. A narrative report on an office letterhead is not sufficient and will not be accepted.

Adelphi University must receive a complete Health Clearance Packet for all students traveling to International Destinations as part of a University-Sponsored Program. If a student does not comply with this requirement, the student will not be allowed to participate in or may be dismissed from the program at the student's own expense.

International students are required to complete this packet prior to participation in international travel, without exception. International students who do not have a health care provider in the United States should have their medical records forwarded to a health care provider in the United States.

PART I: Student Information & Health History

The purpose of this form is to provide your healthcare provider with a health history to assist your physician with the medical clearance appointment.

Student Name: _____ Student Address:_____

Student Date of Birth: _____ Student Age: _____ Student Email: _____

Study Abroad Destination(s): _____

Anticipated Departure Date: _____ Anticipated Return Date: _____

Brief Description of Study Abroad Program (including, for example, the remoteness of the location, the general availability of medical or other resources, whether program activities are physically strenuous, etc.): _____

_____

_____

_____

Health History:

Please check the box if you have experienced any of the following diagnoses and/or symptoms. Please give details on any checked response, adding additional paper if necessary.

☐ Abdominal Issues
☐ ADD/ADHD
☐ Allergies (if yes, list below)
☐ Arthritis
☐ Asthma
☐ Back Pain
☐ Bipolar Disorder
☐ Bladder/Kidney Issues
☐ Bleeding/Clotting Disorder
☐ Cancer
☐ Celiac Disease
☐ Cerebral Palsy
☐ Deaf/Hard of Hearing
☐ Depression/Anxiety
☐ Diabetes
☐ Eating Disorder
☐ Epilepsy
☐ Gastrointestinal Disorder
☐ Headaches/Migraines
☐ Heart Murmur/Disease
☐ High Blood Pressure
☐ Immune System Disorder
☐ Impaired Use of Limbs
☐ Joint Issues
☐ Neurodevelopmental Condition
☐ Recurrent Dizziness
☐ Recent Head Injury/Concussion
☐ Substance Use/Abuse
☐ Thyroid Disorder
☐ Vision/Eye Issues
☐ Other Issues (if yes, describe below)

Details:_____

Are you allergic to any medications? ☐ Yes ☐ No

Do you have any food allergies? ☐ Yes ☐ No

Are you on a restricted diet as a result of a health condition? ☐ Yes ☐ No

If yes to any of the above, please list all allergies/sensitivities to medication and/or food. Please indicate whether you are prescribed to use epinephrine autoinjector (EpiPen). _____

_____

_____

Are you currently taking any prescribed medications? ☐ Yes ☐ No

If yes, please list the medication, what you use it for, and the dose and frequency you take it.

_____

_____

Have you been hospitalized within the last two years for any reason? ☐ Yes ☐ No

If yes, please describe the reason and the outcome. _____

_____

_____

Have you had any surgery in the last two years, or plan to undergo any procedure(s) prior to departure? ☐ Yes ☐ No

If yes, please provide details. _____

_____

Are you currently seeing a physical or mental health specialist for treatment of an ongoing health issue? ☐ Yes ☐ No

If yes, please provide details. _____

_____

Do you have any other issues or concerns that you would like to discuss with your health care provider prior to departure? ☐ Yes ☐ No

If yes, please explain. _____

_____

PART II: Health Care Provider Clearance Certification

Instructions for Health Care Provider:

Review *Part I: Student Information & Confidential Health History* and the student's medical records on file with your office or otherwise provided by the student during the medical clearance appointment, with specific attention to medications and immunizations the student may need to travel.

Please complete the medical clearance certification below if the student:

- Possesses the physical and mental well-being required to live and study in the applicable international setting, where resources may be different or fewer than those to which they are accustomed;
- Is able to live in a setting different from what they may be accustomed to, which may aggravate existing health conditions (e.g. dormitories that may not be air conditioned or afford privacy, homestays with local families, etc.);
- Is able to exercise good judgment in making self-care decisions;
- Can participate in planned excursions and activities in the area, which may include moderate physical activity; and
- Is able to complete the essential components of their program, including appropriate standards of conduct.

Adelphi University cannot guarantee that services or accommodations are available abroad, nor can it guarantee the accessibility of vehicles, housing, or other accommodations, study sites, or other places the student may visit.

It is the student's responsibility to ensure that any medication needed is available and legal in their study abroad destination.

If, prior to the student's planned departure, there are changes to the health status of a student who has been cleared to travel, the student is responsible for notifying the Adelphi University Center for International Education and may be required to obtain a reevaluation of whether they remain cleared to participate in the program.

If a student regularly sees one or more specialists, or has seen one or more specialists within the last year, then the approval and signature of each specialist must also be obtained.

HEALTH CARE PROVIDER MEDICAL CLEARANCE CERTIFICATION

Student Name: _____ Student Address:_____

Student Date of Birth: _____ Student Age: _____ Student Email: _____

Study Abroad Destination(s): _____

Anticipated Departure Date: _____ Anticipated Return Date: _____

Physician Name: _____ Physician Phone Number: _____

Physician Address: _____

Medical Clearance

Please initial next to all that apply and certify below.

_____ The student is **CLEARED** to participate in the study abroad program.

_____ The student is **CLEARED** to participate in the student abroad program provided reasonable accommodations can be made for the following condition: _____

_____ The student is **NOT CLEARED** to participate in the study abroad program.

_____ I have reviewed *Part I: Student Information & Confidential Health History* and the student's medical records on file with my office during the medical clearance appointment. I have also performed a physical exam (if applicable).

_____ There are no medical contradictions to participation in the study abroad program the student has chosen.

_____ There are no mental health contradictions to participation in the study abroad program the student has chosen.

_____ The student and I have discussed a basic self-care plan to ensure the student's needs are met while abroad.

_____ If applicable, I recommend the student obtain a medical clearance certification from the following specialist: _____.

Based on the information provided by the student via *Part I: Student Information & Confidential Health History*, the student's medical records on file with my office, and my current observation of this student, to the best of my knowledge, I certify the student is cleared to participate in the study abroad program.

Physician Signature: _____

Date: _____

Licensed Physician Rubber Stamp or Business Card Here

SPECIALIST MEDICAL CLEARANCE CERTIFICATION

Student Name: _____ Student Address: _____

Student Date of Birth: _____ Student Age: _____ Student E-mail: _____

Study Abroad Destination(s): _____

Anticipated Departure Date: _____ Anticipated Return Date: _____

Specialist Name: _____ Specialist Phone Number: _____

Specialist Address: _____ Specialty: _____

Medical Clearance

Please initial next to all that apply and certify below.

_____ The student is **CLEARED** to participate in the study abroad program.

_____ The student is **CLEARED** to participate in the student abroad program provided reasonable accommodations can be made for the following condition: _____

_____ The student is **NOT CLEARED** to participate in the study abroad program.

_____ I have reviewed *Part I: Student Information & Confidential Health History* and the student's medical records on file with my office during the medical clearance appointment. I have also performed a physical exam (if applicable).

_____ There are no medical contradictions to participation in the study abroad program the student has chosen.

_____ There are no mental health contradictions to participation in the study abroad program the student has chosen.

_____ The student and I have discussed a basic self-care plan to ensure the student's needs are met while abroad.

Based on the information provided by the student via *Part I: Student Information & Confidential Health History*, the student's medical records on file with my office, and my current observation of this student, to the best of my knowledge, I certify the student is cleared to participate in the study abroad program.

Specialist Signature: _____

Date: _____

Licensed Specialist Rubber Stamp or Business Card Here