UNION COLLEGE

CONFIDENTIAL STUDENT HEALTH HISTORY FORM

To the Student: Students participating on a Union study abroad program must receive a complete physical examination before departure. It is your responsibility to be prepared to manage your health, both physical and mental, while away. It is also your responsibility to make the determination, in consultation with your health care provider(s), regarding the medical suitability of your proposed study abroad.

Complete this portion of the form, print it out, and review it with your healthcare provider (M.D., N.P., P.A.) during your required physical examination and, if applicable, with your psychologist or licensed specialist (Ph.D., LMCH Counselor), so that you can create an action plan should your symptoms worsen abroad. Being prepared in advance of your program abroad can help you to feel empowered and can put you in control of your own care. You will need to submit this form online, and in order to print it, click on the completed form and press ctrl + p on a PC or ⌘+p on a Mac. The information provided by you and your provider(s) will remain confidential and will only be shared on a need-to-know basis to facilitate assistance, particularly during an emergency. *Note: participation in HWS Global Partnership Program requires the completion of a different form.*

1. Do you have an existing chronic medical health concern for which you've had treatment in the last 7 years? (Asthma, Diabetes, e.g.)
    a. Do you have life-threatening allergies? Yes No
        i. If yes, please list the allergy(ies) and reaction(s).
        ii. If you are allergic to certain foods, could you visit a location where it is difficult to identify the food source or eliminate it from your diet? Yes No
    b. Do you wear a medical ID in case you are unable to communicate? Yes No
    c. Do you need to refrigerate your medication abroad? Yes No
    d. Do you carry an EpiPen? Yes No
2. Have you had any major injuries or surgeries in the last 7 years? (If yes, explain)
3. Are you currently being treated for any psychological, emotional (including eating disorders), or substance abuse conditions? If yes,
    a. have you scheduled a meeting with your Doctor or Psychologist to discuss your plans to be abroad and whether the new environment could impact your condition?
    b. have your healthcare provider or counselor attach a statement of readiness to participate and description/list of any recommended treatment plan.
4. Have you ever, in the past 7 years, been treated for any psychological, emotional (including eating disorders), or substance abuse conditions? (If yes, explain)
5. Are you currently taking any medications on a regular basis? (If yes, please list medication name, dosage, and ailment)

Recommendations

1. You should consult the health insurance carrier your program provides for you to find out your medication's local availability. If your medication is not available, it might be helpful to work with your physician to identify alternate medicine.
2. Consider how your condition(s) impact(s) your ability to adapt to new places (think about being away from home or moving to Union)

ACTION PLAN

The International Programs Office wants you to be successful abroad. We recommend that you review the following steps before your departure. Have your term abroad physical and consider meeting with your Psychologist/Dentist/Eye Care professional to review your readiness to study abroad and how to manage your healthcare by taking the following steps:

1. Collect contact information for my healthcare professionals should I need to contact them from abroad. I have discussed my plans to study abroad.
2. Contact EllisWorks, Safari Health or another travel clinic to obtain vaccines recommended for my study abroad plans.
3. I will bring a list of the medications (chemical rather than brand name) I regularly take, their dosage and I have spoken with my health insurance carrier to order enough to take with me, typically called a vacation supply.
4. I have my healthcare contact names, numbers and addresses in my phone in case my condition worsens abroad.
5. I have a copy of my GeoBlue insurance information that designed for use outside the U.S.

Resources
https://wwwnc.cdc.gov/travel/destinations/list/ Centers For Disease Control, Atlanta, GA. Site will ask the purpose of your travel, and your destination to provide you with updated health information.

GeoBlue: Student Login

GeoBlue Free App (available for devices): You will need your enrollment information first and must have already registered

_____

Person to notify in case of emergency, illness, or accident:

Name: _____ Relationship to student: _____

Street / Apt No.: _____

City, State, ZIP: _____

Phone Nos.: _____

Email address: _____

I acknowledge that if any of the above-stated health history changes between the time I submit this document and the time I am departing for my program abroad, I am required to alert the International Programs Office and any other pertinent campus administrators in writing and am required to update the information I have given on this form.

I have read the above and understand my responsibilities with regard to my health care needs on my proposed plan to study abroad.

Student Signature: _____ Date: _____

Print Name: _____

UNION COLLEGE

HEALTHCARE PROVIDER STATEMENT

Student Name: _____ Student ID: _____

Program Location: _____ Dates of Travel: _____

To the Student: Please authorize by your signature below the release of any medical information that may be relevant in the opinion of your healthcare provider to your participation in a study abroad program.

Name: __

Last First Middle

Student Signature: __ Date: __

Important Notice: Students receiving treatment for mental health conditions or other health conditions will not be discriminated against in the application or approval process. Private medical information shared with the IP Office and Program Leaders will be treated with respect and discretion and used to assist the student with decision-making and planning.

To the Healthcare Provider: The above named student has been accepted to participate in a Union College Overseas or Domestic Academic Program. **You are being asked to evaluate the physical and mental health of the above named student for safe participation abroad.** This examination should be within six months of the expected overseas program participation. You are asked to provide a statement of readiness if any medical condition is under control and if they have a contracted treatment plan in place (if there is any evidence of recent physical/mental health treatment) for required and recommended care while abroad. [NOTE: A student that requires medical care, including counseling, blood work, physical therapy, and allergy shots, can continue such treatment plans provided arrangements are made in advance with GeoBlue.]

1. Based upon your physical examination of this student, please explain any chronic conditions that may need to be treated abroad.

Condition(s) and Recommendation(s):

_____

_____

_____

_____

_____

_____

If needed, attach an additional page listing conditions and recommendations

2. Are there any existing emotional factors which under stress of adjusting to another culture may require a treatment plan while the student is abroad?

   If so, please specify and attach treatment plan

3. Allergies:

   Medications: __

   Food/Other: _____

4. Advise student that, if medications are taken regularly, they are advised to obtain a supply for the duration of the program.You may need to contact your insurance company for a vacation override. It is recommended to begin the process at least 30 days prior to departure or determine if medication is locally available.

   Current Medications: _____

   _____

   _____

5. Advise student to consult with a travel health clinic: YES _____ NO _____

Is this individual capable of participating in the above named study abroad program?

YES _____ NO _____

Healthcare Provider Information **Stamp Here:**

Print Name: _____

Signature: _____

Date:_____

Healthcare provider must be licensed and cannot be an immediate family member