

**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 problems? If yes,
  - a. have you scheduled a meeting with your Doctor or Psychologist to discuss your plans to be abroad ~~off-campus~~ 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 problems? (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**

<http://www.nc.cdc.gov/travel/destinations/list.htm> 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

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**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: \_\_\_\_\_

**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.<sup>1</sup>

Name: \_\_\_\_\_  
Last First Middle

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Program/Dates of Travel: \_\_\_\_\_

**Healthcare Provider Information:**

Name (please print): \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Healthcare Provider:** The above named student has been accepted to participate in a Union College Overseas or Domestic Academic Program. S/he will live and study for 10 weeks, 20 weeks, 3 weeks or in some cases a year in the country/countries noted above. The student must present to you a completed Union College Confidential Health History Form. Discuss/review with the student his/her Health History Form completed by the student and the student's medical records on file. This report should be based upon an examination made within six months of the expected overseas program participation. Focus on any condition requiring medication and/or continued treatment while abroad. Please provide a statement of readiness if, in your professional opinion, 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.

1. Review with the student the Confidential Health History Information form s/he completed. Please describe below any additional information that would help to further explain and/or clarify the student's self-reported health information.
2. Based upon your physical examination of this student, please explain your findings and recommendations.  
Physical Findings:  
  
Recommendations:
3. Is the student allergic to any food or medications? If so, please list:
4. Is there any existing disclosed medical, physical, or 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.
5. Advise student that, if medications are taken regularly, s/he is advised to obtain a supply for the duration of the program (it is recommended to begin the process at least 30 days prior to departure) or determine if medication is locally available.
6. Advise student to consult with a travel health clinic. YES \_\_\_\_\_ NO \_\_\_\_\_

<sup>1</sup> **Healthcare provider must be licensed and cannot be an immediate family member.**  
*International Programs Office | Union College | Old Chapel 3<sup>rd</sup> Floor | Schenectady, NY 12308  
P: 518-388-6002 | F: 518-388-7124*