

Seattle University • Study Abroad/International Travel Medical Report • PART I

Student: Please complete and sign PART I of the Medical report prior to your appointment.

Name of Student	ID Number	
Name of Program and Location	Date of Birth	Age

Health Abroad: The pressures of living and/or studying abroad are considerable. In some cases, mild disorders can become serious under the stress of life and study in a new environment. Physical and emotional problems can be exacerbated by local conditions (pollution, new pollens, climate, etc.), the stress of cultural adjustment, local differences in medical practices available overseas, changes in the diet and exercise. Further, the **system of US health care may not be replicated in the host country.**

Therefore, it is important that Seattle University be forewarned of any medical or emotional problems which might impact the applicant in a travel or study abroad context.

Informed Consent: I understand that I am solely responsible to **disclose my health conditions** to my provider or the professional preparing my health report in order to adequately **discuss the impact of any serious health risks on those conditions.**

I understand that it is my responsibility to **obtain and carefully evaluate possible health & sanitation conditions** in my program location and discuss the impact of those conditions on my health with my provider. These may be obtained from the Center for Disease Control (CDC), the US Department of State and other sources.

I take **responsibility for the consequences** of not following CDC or program immunization, vaccination or prophylaxis requirements.

As a condition of my participation in the study abroad program, I hereby authorize the health care professional conducting this examination to **disclose this information to the Seattle University Study Abroad Director, Ms. Robin Craggs.**

Signature	Date
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Please indicate any medical treatments or services that you currently receive that you anticipate you will/may need during your study abroad experience:

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To be completed by student's health care provider.

Date of examination: _____

Directions to the Health Care Provider: Your patient has been accepted into the Seattle University study abroad program. Each student is required to obtain a health assessment from a licensed health care provider to verify that the student has no physical or mental illnesses or conditions that should prevent him/her from participating in the study abroad program.

Health and Study Abroad: The pressures of living and/or studying abroad are considerable. In some cases, mild disorders can become serious under the stress of life and study in a new environment. Physical and emotional problems can be exacerbated by local conditions (pollution, new pollens, climate, etc.), the stress of cultural adjustment, local differences in medical practices available overseas, changes in the diet and exercise. Further, the system of US health care may not be replicated in the host country. Therefore, it is important that Seattle University be forewarned of any medical or emotional problems which might impact the applicant in an off-campus study context.

Health Assessment/Physical Examination: Please perform A COMPLETE MEDICAL EXAMINATION of the student the history and PHYSICAL EXAMINATION REPORT may be submitted on a form utilized by the provider and ATTACHED TO THIS FORM. Based on your history and physical examination of the student, please include the following information in the report.

1. Does the student have any physical, mental or sensory condition that could affect his or her ability to participate fully in a rigorous study abroad program?

YES

NO

If yes, please explain, specifically addressing how the condition may affect the student's ability to fully participate in the study abroad program and identify any proposed accommodation.

2. Does the student have any health problems or conditions that in the course of the student's participation in the program present a risk of harm to the student or to others?

YES

NO

If yes, please describe the nature, duration, severity and probability of harm and a reasonable accommodation.

Note: As a condition of participation, the student has signed a release allowing you to confidentially discuss the results of this examination with the Seattle University Director of Study Abroad, Ms. Robin Craggs, (206) 296-2271, so that appropriate accommodation, etc. may be provided.

Provider Signature: _____ Type of Practice: _____

Name of Health Care Provider (please print): _____

Address: _____ Telephone: _____