

# Claremont Colleges Study Abroad Health Report

# Student Section

The purpose of this form is to collect information that will help your home college and on-site staff assist you should the need arise during your study abroad experience. Study abroad may create emotional and physical stress for those living in an unfamiliar environment for an extended period of time. Programs may feature physically demanding components, varying conditions of sanitation, and availability of medical facilities or psychological services. For these reasons, you are asked to carefully consider your physical and mental health in relation to the country, the type of program, and the conditions in which you will be living. Complete the Student Section, show it to a physician/NP/PA to whom you are not related, and then have them complete the Physician Section. Also bring your program provider health form, if required.

**Student Name** \_\_\_\_\_

**ID #** \_\_\_\_\_

**Program and Location** \_\_\_\_\_

Birth Date \_\_\_\_\_ How would you describe your general health?  Excellent  Good  Fair  Poor

Do you have any food allergies or dietary restrictions?  Yes  No If yes, please describe: \_\_\_\_\_

Do you have any known allergies not listed above?  Yes  No If yes, please describe: \_\_\_\_\_

Please check if you have had or have:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Anemia                        | <input type="checkbox"/> Chronic diarrhea             | <input type="checkbox"/> Hearing loss             | <input type="checkbox"/> Muscle or joint problems   |
| <input type="checkbox"/> Anxiety or panic attacks      | <input type="checkbox"/> Chronic rash                 | <input type="checkbox"/> Heart trouble or disease | <input type="checkbox"/> Recent infectious disease  |
| <input type="checkbox"/> Asthma                        | <input type="checkbox"/> Depression                   | <input type="checkbox"/> Hepatitis                | <input type="checkbox"/> Recent weight loss or gain |
| <input type="checkbox"/> Attention Deficit Disorder    | <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> High blood pressure      | <input type="checkbox"/> Recurrent dizziness        |
| <input type="checkbox"/> Back problems                 | <input type="checkbox"/> Drug or alcohol addiction    | <input type="checkbox"/> Immune system problems   | <input type="checkbox"/> Rheumatic fever            |
| <input type="checkbox"/> Bipolar disorder              | <input type="checkbox"/> Eating disorder              | <input type="checkbox"/> Kidney disease           | <input type="checkbox"/> Severe headaches           |
| <input type="checkbox"/> Bleeding or clotting disorder | <input type="checkbox"/> Epilepsy or seizures         | <input type="checkbox"/> Menstrual difficulty     | <input type="checkbox"/> Stomach ulcer              |
| <input type="checkbox"/> Cancer                        | <input type="checkbox"/> Eyesight problems            | <input type="checkbox"/> Mental Health counseling | <input type="checkbox"/> Surgery                    |
| <input type="checkbox"/> Chronic cough                 | <input type="checkbox"/> Fainting spells or blackouts | <input type="checkbox"/> Migraine headache        | <input type="checkbox"/> Tuberculosis               |
|  |   |   | <input type="checkbox"/> Unexplained fevers         |

Explain any episodes of the above. (Be specific.) \_\_\_\_\_

Have you had any physical or mental illnesses or conditions not listed above?  Yes  No If yes, please describe: \_\_\_\_\_

The laws governing disability support may differ in your host country. Programs may be limited in what, if any, accommodation they can provide in countries that do not recognize the special needs affecting individuals with physical, psychological or learning disabilities. Will you require accommodation to participate in the essential functions of this program?  Yes  No If yes, what type of accommodation will you request? \_\_\_\_\_

Contact your home college and/or the program staff well in advance of your departure to formally request accommodation and discuss your options.

I have considered the recommendations of the Centers for Disease Control & Prevention (CDC), my health care provider and the program provider. I assume responsibility for managing my health and well-being while off-campus.

I verify that all of the information contained in this form is accurate. I acknowledge that failure to provide accurate and complete information compromises the advice and treatment I may receive from a health care provider and may also result in my dismissal from the program. I agree to notify my home college study abroad office and program provider of any significant changes in my health that occur after submitting this form.

I give my consent to sharing my health information with my study abroad program provider and host institution to assist them in supporting my health and well-being off-campus.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

# Claremont Colleges Study Abroad Health Report

# Physician Section

Student Name \_\_\_\_\_ Most recent physical exam date \_\_\_\_\_

Program and Location \_\_\_\_\_

A program of study abroad can create emotional and physical stress for those living in a totally different environment for an extended period of time. Some programs may feature physically demanding components, varying conditions of sanitation and availability of medical facilities or psychological services. For these reasons, please consider the applicant's physical and mental health in relation to the country, the type of program, and the conditions in which the applicant will be living. Reports completed by a physician/NP/PA related to the student are not accepted.

To the best of your knowledge, is the information provided in the Student Section of this report complete and accurate?  Yes  No If no, please explain: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ Does this student have an eating disorder?  Yes  No If yes, please explain: \_\_\_\_\_

Is this student currently on medication or receiving physical or mental health treatment?  Yes  No If yes, please explain and include start date: \_\_\_\_\_

Does this student have any food or other allergies?  Yes  No If yes, describe the allergy and indicate if there is a history of asthma, anaphylaxis, or other serious allergic condition: \_\_\_\_\_

**Does this student have any communicable disease, physical or emotional condition, disability, or impairment that may require attention, treatment or accommodation during an extended stay off campus, particularly in the destination listed above?**  Yes  No If yes, please provide any additional information which could be useful in the event of treatment by a doctor or other medical facility while abroad. (Attach additional sheets if necessary.)

Recent intradermal tuberculin test date (optional, but recommended) \_\_\_\_\_ Results \_\_\_\_\_  
If positive, date of last chest x-ray \_\_\_\_\_ Results \_\_\_\_\_

**Based upon both the student section and the physician section of this form, please indicate any additional concerns or comments related to the student's safety, health and wellness during an off-campus experience, particularly in the location listed above:** \_\_\_\_\_

Physician/NP/PA Name (printed) \_\_\_\_\_ Medical License # \_\_\_\_\_

Office Address \_\_\_\_\_

Phone \_\_\_\_\_

Physician/NP/PA Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Frequently Asked Health Report Questions**

All students must submit a Health Report of a recent (within the last 12 months) physical exam before studying abroad. The Office of Study Abroad and International Programs recommends students have a full dental exam and cleaning prior to departure. Make sure your vaccinations are current.

### **When is the Health Report due?**

The Health Report due date will be in your Pitzer College study abroad acceptance letter.

### **When should I schedule my exam?**

Depending upon your health care provider it may take days or weeks to schedule an appointment for a physical. Do not wait until the week before the due date when you are busy with exams and papers or the health center is busy and you cannot get an appointment. Please plan to have your exam far enough in advance to address any medical concerns that may arise and to get any necessary vaccinations. If you need a TB skin test, you will have to return to the medical office three days after the initial visit to have it evaluated. Some vaccines are given as a series of shots over a period of weeks or months for best results.

### **What if my form is late?**

Submitting any of your acceptance documents after the due date jeopardizes your participation in study abroad.

### **Which form do I submit?**

We require students to submit our Claremont Colleges Study Abroad Health Report. Complete the student section of our Health Report and bring it with you to your appointment. The physician should complete the physician section of the Health Report and sign it. In addition, some study abroad program providers may require you to submit health information on their forms. We do not accept sports physical health forms or college admissions forms because they do not answer many of the questions related to study abroad.

### **I previously had a physical. Do I need another one?**

If you recently had a physical some medical providers will complete our form without an additional appointment. Health Report forms submitted to our office are valid for a maximum of one year from the date of submission. Students may need to have another exam and provide an updated form for a second study abroad program.

### **Where can I get my physical?**

Your personal physician, nurse practitioner or physician assistant or a Student Health Services medical staff member may perform your study abroad physical as long as they are not related to you.

### **Student Health Services for Claremont Colleges Students**

Student Health Services is located in the Tranquada Student Services Center, 757 College Way, Claremont CA 91711. Call 909-621-8222 to make an appointment. Physicals are NOT performed on a walk-in or same day basis. Students are charged for medical services.

### **How expensive is a physical?**

The cost of your exam will depend upon your health care coverage. Physicals, dental exams, and vaccinations are not included in the fees paid to Pitzer College and are the student's responsibility.

### **Where do I submit my Health Report?**

Health Reports may be brought to our office, scanned and emailed to [studyabroad@pitzer.edu](mailto:studyabroad@pitzer.edu), or mailed to Pitzer College, Office of Study Abroad and International Programs, West Hall, Suite Q100, Claremont, CA 91711.

Pitzer College Office of Study Abroad and International Programs  
West Hall, Suite Q100, 1050 North Mills Avenue, Claremont, CA 91711  
Telephone 909.621.8104 • Email [studyabroad@pitzer.edu](mailto:studyabroad@pitzer.edu)