



COLLEGE OF MOUNT SAINT VINCENT

Health Clearance Verification for Study Abroad Program

Student Name: _____

Banner ID: _____

This Health Clearance & Preparation process is a mandatory requirement for participation in the CMSV Study Abroad program; it cannot be waived. All information is confidential and will only be shared with staff who will assist with facilitating health care, particularly during an emergency, while you are a student abroad.

A. Questionnaire

The questionnaire is designed to help you identify and plan for your health care needs during your off-campus experience. Providing accurate and complete information in this questionnaire will guide you in proactively addressing potential health challenges such as securing on-site treatment services, obtaining prescription and over-the-counter medications, understanding controlled substance regulations in foreign countries, researching customs requirements for medications, and preparing for emergencies.

1. Physical Health

Are you currently being treated, or have been treated in the past five years, for a physical health condition (injury and/or illness)? YES NO

2. Mental Health

Are you currently being treated, or have been treated in the past five years, for a mental health condition (including but not limited to: addiction, depression, anxiety, eating disorder, bipolar disorder) YES NO

3. Allergies

Do you have any life threatening drug, food, or other allergies? YES NO

4. Medications

Do you plan to take prescription medications while abroad? YES NO

5. Diet Are you on a medically restricted diet? YES NO

6. Accommodations

Do you require special accommodations or support services? YES NO

If you answered yes to one or more of these questions, please make an appointment to see your physical and/or mental health provider as soon as possible. You will be required to 1) obtain clearance from a health care provider and 2) develop a self-care plan with your provider. If you answered “Yes” to Questions 1 AND 2, you must obtain clearance and a self-care plan from both a medical and mental health provider.

B. Agreement

Please read the following statements and sign/date where indicated. By signing this portion of the clearance paperwork, you are verifying that you understand what is expected of you as a student in a CMSV Study Abroad program, as it relates to health & mental health care.

1. I understand that it is my responsibility to plan for my health care needs during my time abroad. This include proactively seeking advice and/or consultation from external health care providers as well as appropriate CMSV resources (Counseling Center). I will consider how any existing health conditions may be affected by travel, new environments or differences in health care systems.
2. I will research my host country’s health and drug regulations and determine how to access my prescription and/or over-the-counter medications I may need during my time abroad.
3. I understand that it is my responsibility to withdraw from an experience abroad (not necessarily from the program or school altogether) if I - or my health care provider - believe that I will be unable to provide for my health care needs in my destination.
- 4. If I answered “yes” to any of the questionnaire questions above, I will provide verification that I have met with a medical and/or mental health professional to 1) obtain clearance and 2) develop a self-care plan.**

Signature

Date

NEXT STEPS IF YOU ANSWERED “YES” TO ANY QUESTIONS:

Make an appointment with your physical and/or mental health provider. If you answered “Yes” to both Questions 1 and 2, you must obtain clearance from—as well as work on a self-care plan with—both providers. Please make copies of the Health Clearance Packet if you require clearance from more than one provider.

Requesting Accommodations

CMSV is committed to full compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. To receive accommodations and/or disability related services while you are abroad, you must first complete the normal registration process with CMSV’s Office of Disability Services (ODS). You should discuss with ODS what accommodations may be appropriate while you are abroad and request an official letter listing recommended accommodations. A foreign institution will not be obliged to comply but normally will be responsive.

Office of Disability Services:

(718) 405-3718 * ods@mountsaintvincent.edu * Elizabeth Seton Library 2nd Floor

C. Authorization & Emergency Information

The information herein is confidential and will only be used in the case of an emergency.

STUDENT INFORMATION:

STUDENT NAME: _____ BANNER ID: _____
PERMENANT ADDRESS: _____ PHONE: _____
_____ BIRTHDATE: _____

EMERGENCY CONTACT:

CONTACT NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: _____
_____ ALT. PHONE: _____

INSURANCE INFORMATION:

NAME OF PLAN: _____ POLICY #: _____
NAME OF PLAN: _____ POLICY #: _____
PHONE NUMBER: _____

On rare occasions, an emergency requiring treatment in a hospital and/or surgery may develop. In most cases, administration of anesthetic, treatment of injury, or operation upon an individual cannot be done without the consent of the patient. In order to prevent a dangerous delay in emergency situation where CMSV is either unable to contact my parent or emergency contact or if I am unconscious or otherwise unable to give you my consent, I, _____, hereby authorized CMSV representative to secure whatever medical treatment is deemed necessary, including administration of anesthesia and surgery.

I hereby verify that all of the information contained in this form is accurate and complete. I agree to notify the office of International Student Services (ISS) any significant changes in my health prior to my departure or while abroad.

Signature of student _____ Date _____

Printed name _____ Birthdate _____

D. Verification

Students who answered “Yes” to any of the questions in Section A are required to 1) obtain clearance to travel and 2) provide verification of development of a self-care plan with a health care provider, such as a private medical and/or psychiatric provider or counselor at the Counseling Center (if that is the highest level of care received). Students who did not answer “Yes” to any questions in Section A should sign in the appropriate place below.

While CMSV does not require you to submit your self-care plan, you are highly encouraged to disclose any medical or mental health issues so that staff can best assist you in the case of an emergency or crisis. Some students will choose to disclose their medical or mental health history *without* sharing the self-care plan and others will decide to share the self-care plan before or during time abroad. Sharing the self-care plan will allow staff – both on the CMSV campus in New York, as well as program staff abroad – to provide you with the most assistance.

The existence of a physical or mental health issue will not jeopardize your place in the study abroad program as long as you are cleared by your health care provider. All information shared, (including the self-care plan), will be kept confidential unless necessary to disclose for safety reasons—and then the information will only be shared with personnel involved in your health and safety. By disclosing this information, the Office of International Student Services and Counseling Center staff can assist with any pre-departure arrangements such as researching providers overseas, obtaining medication and locating other resources. We strongly encourage you to disclose, as it will serve to best support you in having a successful semester abroad.

Self-Care Plan

Guidelines for the Self-Care Plan can be found in the Health Clearance Packet.

Verification continued on next page

D. Verification, continued *Please read and sign/date the verification below:*

I. If you answered “Yes” to **one** or more questions in Section A:

I verify that I have discussed my health conditions with a qualified health care provider. I verify that I am able to manage my health, including my mental health, while abroad. I confirm that all responses that I have given are true and complete to the best of my knowledge. I also understand that:

- **I must receive clearance to travel abroad by my health care provider(s). (See attached Clearance Packet).**
- After receiving clearance I must create a self-care plan with the help of my provider.
- **I am required** to turn in my Provider Clearance Form to the ISS office.
- The ISS office will not collect or review my self-care plan, but I am encouraged to share it.
- I must disclose relevant health information, medications, allergies, and/or food preferences with program leaders, on-site staff, or other appropriate persons if I require accommodations or **in the case of an emergency.**

Signature

Date

NEXT STEPS:

- 1. Complete student portion of Health Clearance Packet.**
- 2. Attend appointment with provider(s). Create Self-Care Plan if cleared.**
- 3. Turn in Provider Clearance Form to ISS office if cleared. Consider sharing Self-Care Plan with the ISS office.**
- 4. If not cleared, turn in Provider Clearance Form and arrange to meet with ISS office to discuss options.**

II. If you did **not** answer “Yes” to any questions in Section A:

I verify that:

- I have not been treated for any serious physical condition (injury or illness) in the last five years.
- I have not been treated for any mental health condition in the last five years (including seeing a counselor at the Counseling Center on campus).
- I do not have any life-threatening allergies.
- I am not planning on taking any prescription medications while abroad.
- I am not on a medically restricted diet.
- I do not require any accommodations or support services.

I confirm that all responses that I have given are true and complete to the best of my knowledge.

Signature

Date

NEXT STEPS: If you answered “No” to all questions, you do not need to make an appointment with a provider, obtain clearance, or develop a Self-Care Plan.