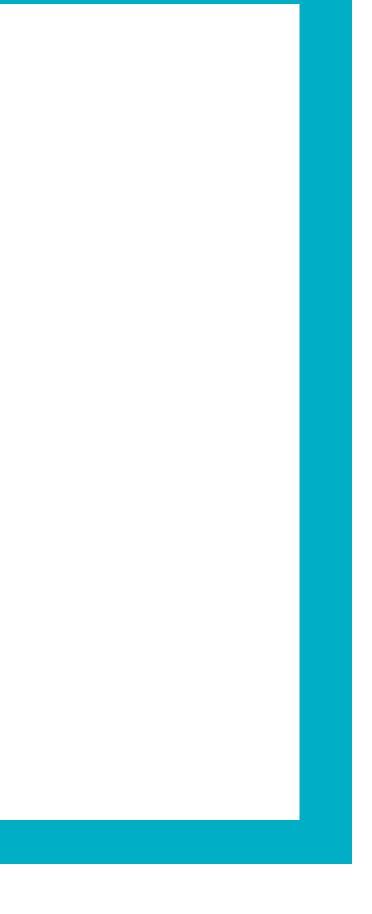
€. C



PA HEE HEAL HA E MEN FO M

Healthcare Provider Evaluation

(only required for students who answered "yes" to question #5 on self-assessment checklist: part one.)

All students who answered yes to question #5 on the Self-Assessment Checklist: Part One must meet with a healthcare provider and submit this completed and signed form at least 6 weeks prior to departure. The student should bring Part One and the appropriate pages from the CDC Travelers' Health web site (see below) to their doctor's appointment.

STUDENT NAME and E-MAIL ADDRESS: ____

PROGRAM/EXPERIENCE: _

To the healthcare provider: Thank you for taking the time to meet with this student and complete this form. The student has been treated for one or more of the conditions or events listed in the Self-Assessment Checklist Part One, Number 5, over the past five years. Living and studying in an unfamiliar environment can trigger physical and emotional stress and exacerbate current health issues. Familiar or reliable healthcare or medications might not be readily available to the student in his/her host country.

You are asked to:

- Review any relevant information provided on the CDC Travelers' Health website for all countries on the student's itinerary. (See http://wwwnc.cdc.gov/travel/destinations/list.htm).
- Discuss the student's medical situation with him/her in light of how it may a ect the student's international experience.
- n Ask the student about their destination and the demands of the specific program/experience as well as other countries they might visit that could pose health challenges.
- Advise the student regarding how potentially dramatic changes in climate, diet, living arrangements, social life, and study demands may a ect him/her abroad.
- n Discuss possible accommodations the student should make or discuss with sta administering or overseeing their overseas program/ experience.

To be completed by healthcare provider:

I have met with the student to discuss his/her medical condition as it relates to his/her intended international experience.

I have encouraged the student to discuss his/her medical condition with one or more of the following: a representative from unit coordinating his/her program, a representative the disability services o ce, a health care professional, a representative from the program provider or host institution, parents, or other family members well in advance of the program's departure date.

NAME OF MEDICAL PROFESSIONAL

TITLE:

DATE:

CITY/STATE:

SIGNATURE

is a my paper and a set of the part of a set of \boxtimes , \dots , \boxtimes \dots , \boxtimes \dots , \square and all the second provide a strate and and a la mar la gar la cara de la garda de la cara de la car بالبالين برام براب بالمربينين المرب - ------1 , lay war any series of X / y ward by to

- **γ**. . **Ε** - **γ**. . **κ** and the second sec the set of and the second sec an In the second and a second second and a last and plane to be a produce of a second and a second a se