

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:

- n 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>).
- n Discuss the student's medical situation with him/her in light of how it may affect 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.
- n Advise the student regarding how potentially dramatic changes in climate, diet, living arrangements, social life, and study demands may affect him/her abroad.
- n Discuss possible accommodations the student should make or discuss with staff 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 office, 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: _____

CITY/STATE: _____

SIGNATURE: _____ DATE: _____

