

Central Michigan University/Office of Global Engagement
Health Form Instructions

STUDENT INSTRUCTIONS

1. Fill out the Student Information section and take the form with you to your physical exam appointment.
2. If you see a specialist for any ongoing condition(s), we recommend that your specialist complete the Specialist Report form indicating that your condition is stable and/or any special considerations for treatment you may need while abroad. Having this information at your physical exam appointment will ensure that the examining provider has sufficient information to complete the Health Form. When completing the student information section of the Specialist Report, provide the name & fax number of the provider who will complete the Health Form.
3. You must ensure that the completed and fully signed Health Form is submitted to CMU Office of Global Engagement by your examining provider's office on your behalf by the deadline. The Health Form may be completed up to one year prior to departure and must be received by the deadline to be able to participate in a CMU program. Your Application Portal checklist will update to "completed" within a week of receipt of the signed Health Form.
4. This Health Form is required by CMU and is in addition to any forms required by your program. This requirement cannot be waived. Students who do not submit this health form by the deadline will not be able to study/intern abroad. Program fees may be non-refundable so don't delay making an appointment with your health care provider.
5. Some programs will require a separate Travel Health Consultation based on program provider requirements and/or country-specific risks. This Travel Health Consultation can be done by your family physician or at the CMU Travel Health Clinic in Foust Hall. If you intend to complete this process at CMU Travel Health Clinic, please fill out the [Travel Health Clinic Forms](#) and submit them in person to Foust Hall, Room 200. Once the forms are submitted, a CMU nurse will contact you to set an appointment. It is very important that you begin this process immediately.

HEALTH CARE PROVIDER GUIDELINES

Students who wish to study/intern abroad must have a physical by a health care provider. Please include the following steps and considerations:

1. Discuss/review the student's health history, paying particular attention to medications that the student may need, any allergies the student may have, and all currently active health problems.
2. Perform a thorough physical examination.
3. Pay special attention to any chronic health conditions, and any medications that the student is taking. Students may be cleared with these conditions provided they are in compliance with, and stable on, their medication.
4. A Specialist Report form is recommended if the patient is under the care of a specialist for a chronic condition or if it is determined that an evaluation from a specialist is needed.
5. Please impress on the student that they need to take a sufficient amount of medication to last for the duration of the program abroad or verify that the medication is locally available and legal.
6. Assess the need for any continued health care, counseling or laboratory testing while abroad so the student can determine the availability of adequate facilities at the program site.

Students may study/intern abroad as long as, in the opinion of the examining provider, any health condition the student may have is under control and has been stable for a reasonable period.

Health Form for Students Planning to Study/Intern Abroad

PLEASE PRINT CLEARLY WITH A BLUE OR BLACK PEN. ALL LINES AND APPLICABLE BOXES MUST BE COMPLETED.

*For students seeing a specialist for an ongoing condition, we recommend that the student visit the specialist first to complete the **Specialist Report** form prior to their physical exam appointment for completion of this form.

STUDENT INFORMATION: Completed by the Student

First and Last Name of Student _____ CMU ID # _____ First Term Abroad (Semester/Year) _____

Program Name (Program or Host University) _____ Location of Program (City, Country) _____

I have read the student instructions and disclosed ALL known health history to the healthcare provider. I authorize release of this form to Central Michigan University.

STUDENT SIGNATURE _____ DATE _____

Completed by the Health Care Provider

Health Care Provider must be licensed in the U.S. and cannot be an immediate family member (AMA Code of Ethics E-8.19)

1. See **Health Care Provider Guidelines** prior to completing this form.
2. After reviewing the student's health history and performing an appropriate medical exam, review these with the student and discuss his/her ability to travel and live abroad. Then, complete the clearance section of this form (#3).
3. Please forward this form directly to CMU Study Abroad/Office of Global Engagement.*

I have reviewed the student's health history and performed a physical exam. Based on this information, to the best of my knowledge, the student is:

- The student **is cleared** to study/intern abroad. Any health condition the student may have is under control and has been stable (including any medication required) for a reasonable period.
- The student **is not cleared** to study/intern abroad at this time. There are contraindications to participation.

Licensed Health Care Provider (PLEASE PRINT CLEARLY)

Signature (REQUIRED) _____

Name _____

Telephone Number _____ Date _____

REQUIRED: Place Address Stamp Here

Deadlines for submission:

Spring Semester: November 1

Spring Break: December 1

Summer: March 15

Fall Semester: May 1

***DO NOT RETURN TO STUDENT.**

SUBMITTED: _____
Date Initials

___ Mail to: Study Abroad/Office of Global Engagement, Central Michigan University, Ronan 330, Mount Pleasant, MI 48859

___ Email to: studyabr@cmich.edu and put original copy in the mail to address above.

___ Fax to: 989-774-3690 and put original in the mail to address above.