



International Center

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

Health Status Report

You are required to complete the International Center, Study Abroad Health Status Report.

You complete Part I: Make sure you have completed all the sections on page 2, sign and date where required.

Your Health Care Provider completes Part II

If you were seen by an off campus health care provider, make sure that the original Health Status Report form is submitted to the International Center.

3801 West Temple Avenue, Pomona, CA 91768 Telephone (909) 869-3267 Fax: (909) 869-3282 <http://www.csupomona.edu/~international/>

THE CALIFORNIA STATE UNIVERSITY *Bakersfield, Channel Islands, Chico, Dominguez Hills, East Bay, Fresno, Fullerton, Humboldt, Long Beach, Los Angeles, Maritime Academy, Monterey Bay, Northridge, Pomona, Sacramento, San Bernardino, San Diego, San Francisco, San Jose, San Luis Obispo, San Marcos, Sonoma, Stanislaus*

Nov 2011

Return by _____
 Cal Poly Pomona, International Center
 Study Abroad, Bldg. 1-104
 3801 W. Temple Ave
 Pomona, CA 91768

Health Status Report

PART I: To be completed by the student

You are required to complete this Health Status Report. A copy of this form will be on file at your overseas center for use by medical personnel should the need arise.

Name _____ Overseas Country _____
Last First M.I.

Male _____ Female _____ Age _____ Date of Birth _____ Telephone: _____

GENERAL HEALTH

List any recent or continuing health problems: _____

List any physical or learning disabilities: _____

Are you currently under the care of a doctor or other health care professional, including mental health treatment? Yes ___ No ___

Doctor's Name: _____ Phone/Fax: _____

Address: _____

For what condition(s) ? _____

MEDICAL HISTORY: (to be completed by the student). It is in your best interest to be open and candid about your health issues.

Failure to provide complete and accurate information may be grounds for disenrollment from CPP Study Abroad Programs.

Students with known and ongoing medical problems must take special precautions in preparing for and managing their situation overseas. Check if you have ever had any of the following:

(Check each item)	Yes	No	(Check each item)	Yes	No	(Check each item)	Yes	No
Alcohol/Drug Addiction			Eye trouble			Psychological/Psychiatric Condition		
Asthma			Frequent or severe headache			Thyroid condition		
Cancer or Tumors			Frequent trouble sleeping			Tumor, growth, cyst, cancer		
Chronic condition			Hearing loss			VD-Syphilis, gonorrhea, etc.		
Car, train, sea, or air sickness			Heart disease			Wear glasses/contact lenses		
Diabetes			High or low blood pressure			Wear a hearing aid		
Ear, nose, or throat trouble			Hypoglycemia			Stutter or stammer habitually		
Eating Disorder			Knee, shoulder, or back pain			Other:		
Epilepsy or seizures			Menstrual Conditions					

MENTAL HEALTH HISTORY (to be completed by the student) CPP Study Abroad is concerned about the well being of students who have any psychological health condition that requires medication. Under the stress of adapting to a new environment, these conditions may escalate to life-threatening levels. Students should take a sufficient amount of the medication abroad to last or ensure that it is available locally.) Have you ever been treated or hospitalized for any of the following?

	Yes	No	Provide an explanation for any you have checked "Yes"
Any mental condition such as depression/anxiety			
Substance Abuse (drugs, alcohol)?			
Eating Disorder (anorexia/bulimia)?			

Are you allergic to any foods or medicines? ___ Yes ___ No If yes, list below:

Medications currently used (Student is responsible for making sure that all medications are legally permissible abroad):

SPECIAL NEEDS: The following questions address disability-related needs of students. Provision of the following information is voluntary.

Do you have a documented disability as defined by the Americans with Disabilities Act? ____ YES ____ NO

If yes, please state the nature of the disability: _____

In what areas does your disability currently impair your ability to perform your daily academic activities? _____

Are you requesting accommodations from the International Center for the above listed disability? ____ YES ____ NO

IF YES, SEPARATELY PLEASE PROVIDE DOCUMENTATION FROM A QUALIFIED PROFESSIONAL THAT SPEAKS OF YOUR CURRENT NEEDS FOR ACCOMMODATION. IF POSSIBLE, PLEASE PROVIDE THE NEEDS ASSESSMENT REPORT TO THE INTERNATIONAL CENTER STUDY ABROAD.

EMERGENCY CONTACT INFORMATION

Please indicate the person to be contacted in the event of an emergency:

Name _____ Relationship _____

Address _____
Street City State Zip Code

Telephone (____) _____ Other/Message Phone (____) _____

Email: _____

DESIGNATION OF BENEFICIARY

I hereby designate the following individual as beneficiary in connection with the accidental death provision of the health insurance (Maximum Benefit: Principal Sum up to \$10,000). The beneficiary you list here is the person who will receive your insurance benefit in the event of your accidental death.) COVERAGE ON THIS POLICY IS IN EFFECT OUTSIDE THE U.S. ONLY. COVERAGE DOES NOT APPLY UNDER THE ACCIDENTAL DEATH AND DISMEMBERMENT PROVISION, FOR LOSS OF LIFE OR DISMEMBERMENT FOR OR ARISING FROM AN ACCIDENT IN THE COVERED PERSON'S HOME COUNTRY.

Name of Beneficiary _____

Address _____
Street City State Zip Code

Relationship to Insured _____

Signature of Insured _____ Date _____

Note: Parent must sign if insured is under 18 years of age.**CERTIFICATION AND PERMISSION FOR EMERGENCY MEDICAL TREATMENT**

In the event of injury or illness to myself, I hereby authorize the official representative of the International Center Study Abroad Programs at my overseas center to secure whatever medical treatment is necessary, including anesthesia and surgery.

I certify that the information on this form is complete and accurate to the best of my knowledge. If there are any changes in my health status, I will contact CPP Study Abroad Office immediately.

Signature_____
Date

STUDENT: Follow These Steps

1. **Complete the Health Status Report.** It is in your best interest to ensure that all of the information you provide is accurate and that you inform CPP Study Abroad Office of any changes in your health status. This information is confidential and will only be shared with persons abroad who may need to seek medical care for you in the event of an emergency while you are participating in the CPP study abroad program.
2. **If you are seeing a Health Care Specialist(s) on an ongoing basis for any condition (including, but not limited to such conditions as: depression, high blood pressure, HIV, diabetes, epilepsy),** you must obtain his/her signature(s) of approval that you are fit to study abroad prior to your appointment for your physical exam with your Health Care Provider.

HEALTH CARE PROVIDER: Follow these Steps

1. **The student will complete Part I of the Health Status Report to provide you with his/her medical history.** Please review the form.
2. **If the student is seeing a Specialist(s),** the student should have obtained approval and signature from the Specialist(s) before requesting final clearance by you, the Health Care Provider.
3. **Discuss the Health Status Report and the student's medical records with the student** and discuss any health concerns the student may have, paying particular attention to medications and immunizations that the student may need, and all currently active health problems.
4. **Pay special attention to any physical, emotional, or psychological conditions.** CPP Study Abroad is concerned for the well being of students with a history of health conditions that require medication and/or continued therapy while abroad.
 - a. Students may be cleared for participation if the examining practitioner believes the student:
 - Is healthy,
 - has his/her medical condition under control,
 - has a contracted treatment plan in place (if there is any evidence of recent health/mental health treatment), for required and recommended care while abroad, and
 - has been stable on his/her medication for a reasonable period.
5. **Discuss health and medication management with the student, and services that might be needed abroad.** Students should take a sufficient amount of medication to last for the duration of their program and make sure that the medication is available and legal in the host country. If they cannot take a year's worth of medication with them for insurance and/or cost reasons, please discuss with students options for obtaining the required medication. Note: Students participating in a CPP Study Abroad Program will be covered with international medical insurance throughout the duration of the program.
6. **Review what the student has written in the Special Needs section of Part I.** CPP Study Abroad will do its best to assist students by inquiring about the availability of required support services at the program site.
7. **Remember:** If a specialist or specialists is/are currently seeing the student for an ongoing medical or psychiatric condition (see item #2 under Student instructions above), each specialist must also approve and sign this clearance form, and provide legible contact information or the form will be returned. Please note that the student must be cleared to participate in the study abroad program by a physician/health practitioner **and** each specialist.

PART II: HEALTH STATUS REPORT

First and Last Name of Student

Program/Overseas Center

HEALTH CARE PROVIDER: Please review the student's Health Status Report and discuss the student's medical history with him/her. Remember that students who are seeing specialists must obtain signatures from the specialists before you may sign the final clearance. Forms without signatures will be returned. Questions may be directed to: (909) 869-3267.

Licensed Specialist (if applicable):

(Medical condition you treat the student for: _____)

I have reviewed the student's Health Status Report. Based on the medical information on file and provided to me by the student on this form, it is my professional judgment that the student is:

CLEARED: The student has no medical or mental health problems that will interfere with participation in the Cal Poly Pomona Study Abroad Programs.

Comments: _____

NOT CLEARED: The student has medical health problems that will interfere with participation in the study abroad program.

The student has mental health problems that will interfere with participation in the study abroad program.

Comments: _____

Licensed Medical Specialist (Physician, M.D., N.P., P.A., or R.N.) PRINT LEGIBLY name and title:

Name & Title: _____ **Telephone:** _____

Signature: _____

Licensed Specialist (if applicable):

(Medical condition you treat the student for: _____)

I have reviewed the student's Health Status Report. Based on the medical information on file and provided to me by the student on this form, it is my professional judgment that the student is:

CLEARED: The student has no medical or mental health problems that will interfere with participation in the Cal Poly Pomona Study Abroad Programs.

Comments: _____

NOT CLEARED: The student has medical health problems that will interfere with participation in the study abroad program.

The student has mental health problems that will interfere with participation in the study abroad program.

Comments: _____

Licensed Medical Specialist (Physician, M.D., N.P., P.A., or R.N.) PRINT LEGIBLY name and title:

Name & Title: _____ **Telephone:** _____

Signature: _____

Licensed Specialist (if applicable):

(Medical condition you treat the student for: _____)

I have reviewed the student's Health Status Report. Based on the medical information on file and provided to me by the student on this form, it is my professional judgment that the student is:

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The student has mental health problems that will interfere with participation in the study abroad program.

Comments: _____

Licensed Medical Specialist (Physician, M.D., N.P., P.A., or R.N.) PRINT LEGIBLY name and title:

Name & Title: _____ **Telephone:** _____

Signature: _____

MEDICAL PROVIDER'S RUBBER STAMP OR BUSINESS CARD HERE