evergreen
YOUR WAY TO THE WORLD

Office of International Programs and Services
2700 Evergreen Pkwy NW, Sem II E3102, Olympia, WA 98505
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Student Health Review – *Exchange/Faculty-led/ILC Programs*

Purpose of this form:

1. **To review health issues and to utilize during a health consultation prior to departure.**
2. **To inform International Programs & Services that you've met with a health provider.**
3. **As a reference to keep with you while traveling.**
4. **For medical emergencies where others need to know this information.**

Name: ______________________________________ **Phone:** _________________________________

Evergreen ID: ________________________________ **Age:** _____ **Birthdate:** ____/_____/______
Month Day Year

Study Abroad Program: ____

Destination Countries: ____

Travel Date Start: ____________________________ **Return: (est. OK)**________________________

Step 1: The countries you are visiting all have some kind of health risks. It is very important that you make yourself aware of these risks so that you may take precautions, such as immunizations, preventive medications, insect protections, avoidance strategies, food & water safety, preparing for environmental and climate risks, among others. Use resources found on the Evergreen Study Abroad resource page (Health & Safety section) to understand the various health risks that you may encounter: https://www.evergreen.edu/academics/study-abroad/resources

Step 2: Use the **Worksheet and Links** below to review your health conditions for your planned study abroad situation. Remember that anything that has been a health concern for you in the U.S. is likely to continue, or be even more challenging when studying abroad. Most sections have links to helpful websites to help inform you of risks and strategies for staying healthy or seeking assistance.

Step 3: **You are required to meet with Evergreen Student Wellness Services (SWS)** as part of your health and safety planning. **Complete the Student Health Review Worksheet (pages 2-4) prior to meeting with your health provider**, they will advise you for your destinations. If you're unable to meet with SWS, you can meet with your personal health provider. ***If the provider has concerns they'd like to discuss with the Office of International Programs & Services, please sign the attached release and provide to your provider***. To set up an appointment with SWS, visit https://www.evergreen.edu/health/student-wellness-services or call (360) 867-6200.

Step 4: Ask your health provider to sign page 5. If your consultation is with Evergreen's Student Wellness Services, they will submit pages 1 and 5 of the form to International Programs & Services on your behalf. If you see an outside provider, please submit pages 1 and 5 of the form to the Office of International Programs & Services. If it's recommended that you also see a specialty provider, make a second copy of page 5 for them to complete.

By signing below, I acknowledge the process described above, which may include the healthcare provider communicating about my health condition(s) with the Office of International Programs & Services and any related faculty/staff leader(s).

____ ______________________________
Student Signature Date of Signature

A. Physical Constraints: Do you have any physical or mobility constraints that might affect your ability to participate in study abroad program activities (e.g. that affect your ability to walk, climb stairs, carry luggage, or sit or stand for long periods). If yes, what will be its impact on your daily activities and how do you plan to manage it while abroad? How will your country destination support or challenge these constraints?

____No ____Yes, the following:

Condition____

Plan____

B. Disabilities: Do you have a disability documented with Evergreen's Access Services Office for which you intend to request reasonable accommodation for your time abroad? Has a plan been established? If not, you will need to contact Access Services to discuss your disability-related request well in advance of the start date of your program. At least six weeks lead time is recommended so that Evergreen faculty and staff have sufficient time to make overseas accommodations, if necessary.

- **Mobility International:** Disability Planning: http://www.miusa.org/
- **Access Services:** https://www.evergreen.edu/access

____No ____Yes, the following:

Condition____

Needs____

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C. Health Condition: Do you have a health condition, (e.g. pregnancy), an injury (e.g. broken bone), or an illness (e.g. diabetes, asthma, seizures) that will require monitoring or continued treatment while abroad? Consider each condition, and develop a plan for monitoring, treatment and care while abroad. What support services will you need to access at your destination? Note that visas for some countries require tests results for such things as Tuberculosis or HIV, for example.

- **US Embassy Locator**: https://www.usembassy.gov/, US Citizen Services – Local Resources – Medical Assistance Lists
- **Health Care Abroad**: https://wwwnc.cdc.gov/travel/page/getting-health-care-abroad/
- **The Body: Traveling When You're HIV Positive**: www.thebody.com/index/treat/oi_prev_travel.html?sa
- **Your insurance website:** May have links to country destinations with detailed health information and resources.

____No ____Yes, the following:

Condition____

Plan____

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D. Mental Health: Do you have a mental health condition (e.g. depression, anxiety, addiction, substance abuse, eating disorder, post-traumatic stress disorder) that may require continued treatment or management while abroad? Consider each condition and develop a plan for treatment or management while abroad. What support services will you need to access at your destination? Does your insurance cover treatment while studying abroad? If so, how do you access it?

- **E-Library & Tip Sheets**: https://www.iamat.org/elibrary
- **Mobility International**: http://www.miusa.org/resource/tipsheet/mentalhealthprep
- **Student Advice**: https://www.diversityabroad.com/study-abroad/articles/managing-mental-health-abroad

____No ____Yes, the following:

Condition____

Plan____

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E. Allergies: Do you have any dangerous or life threatening drug, food, or insect allergies that may cause a severe physical reaction (e.g., swelling, difficulty breathing, hives, vomiting)? Develop a plan for any ongoing treatment or special precautions you intend to take while abroad (e.g. epipen). How common are food allergy items in the destination culture? What dangerous insects are present at your destination?

- **Food Allergies:** https://www.foodallergy.org/life-with-food-allergies
- **Allergy Translator App:** http://allergyft.com/
- **Travel Safely with Food Allergies:** https://www.iamat.org/elibrary/view/id/200161
- **Travel Doctor:** http://www.traveldoctor.co.uk/stings.htm

____No ____Yes, the following:

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Concern ____

Plan____

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F. Dietary Restrictions: Do you have any dietary restrictions to plan for? (gluten free, vegan, diabetic, food allergies, etc). Have you researched availability of important food preferences for your destination? How will you inform any host families you plan to stay with? Do you have a history of any eating disorders that might affect your experience? (anorexia, bulimia, etc)

- **Dietary:** https://www.cheapflights.com/news/how-to-travel-well-with-dietary-restrictions
- **Gluten Free:** https://glutenfreepassport.com/

____No ____Yes, the following:

Dietary Concern____

Plan____

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G. Prescription Medications: Are there any medications (e.g. inhaler, anti-depressant, insulin, pain medication, birth control) that you will need to take while you are abroad?

- Prepare a list of your medications by brand and generic names (used internationally).
- Plan to bring an adequate supply in the original container and a prescription for refills from your physician with a letter of explanation of your condition and dosage information. Do not plan on mailing medications from the U.S. to your destination. Consult with your insurance provider, who may have additional resources or advice. https://www.iamat.org/blog/what-you-need-to-know-about-travelling-with-medications/
- Some medications available in the U.S. are illegal or prohibited abroad. Determine what restrictions may exist, or what alternatives may be available. Contact the local embassy or consulate for detailed lists of prohibited medications and/or approved ways to bring medications into the country. http://www.incb.org/incb/en/travellers/country-regulations.html

____No ____Yes, the following prescriptions:

1.____

2. ____

3. ____

4. ____

H. Medical Devices: Will you use any medical devices while abroad? (inhaler, glasses, contact lenses, injections, C-PAP machine, wheelchair, hearing aids, prosthetics, etc.) Are you prepared for customs regulations, transport and maintenance of devices? (batteries, back-ups, plug adaptors, voltage/current conversion, replacement, baggage fees, prescriptions, repair, etc.)

____No ____Yes, the following

Devices____

Plan____

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I. Immunizations: Immunizations or preventatives for some serious infectious diseases are recommended or required for certain travel destinations (e.g. cholera, typhoid, yellow fever, rabies, malaria), and updates on standard childhood immunizations (e.g. tetanus, MMR, pertussis) or other diseases (hepatitis, COVID-19) can be important when traveling. Consult the U.S. Centers for Disease Control's website or the Evergreen Student Wellness Services for vaccination requirements, recommendations and alternative prevention strategies for your travel destination, and take steps appropriate to your health as required for the trip.

- **Center for Disease Control:** https://wwwnc.cdc.gov/travel
- **IAMAT:** https://www.iamat.org/
- **Evergreen SWS Travel Consultation**: http://www.evergreen.edu/health/travel-consult

Notes ____

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J. Sexual Health: What is your plan regarding sexual activity? What social attitudes or legal issues exist in the host country? What is the prevalence of common sexually transmitted diseases? What are the stats on HIV/AIDS infection? Are condoms or other birth control measures readily available in the host country? What is the reliability/reputation/safety of dating websites?

- Sexually Transmitted Disease: https://wwwnc.cdc.gov/travel/page/std
- The Body: Traveling When You're HIV Positive: www.thebody.com/index/treat/oi_prev_travel.html?sa

Notes ____

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FOR PROVIDERS ONLY

1. Request to review pages 2 – 4 with the student
2. Please complete and sign page 5 of this form – either return to patient or send pages 1 and 5 directly in the mail to:
    a. Office of International Programs & Services, The Evergreen State College, 2700 Evergreen Parkway NW, Olympia, WA 98505

Student Name (print) ____

Based on the information provided by the student, including their Student Health Review Worksheet, personal review of the students' health history, and review of available medical records, please confirm in you professional opinion (check one):

- ☐ I have met with the student to discuss their physical/mental health condition(s) or abilities as it relates to their intended study abroad experience and **no further action is recommended**.

- ☐ I have met with the student to discuss their physical/mental health condition(s) or abilities as it relates to their intended study abroad experience and **further action is recommended**. *Please indicate the type of specialty provider and/or specific referral.*

    Vaccinations: ____

    Specialty Health Provider: ____

- ☐ I have met with the student to discuss their physical/mental health condition(s) or abilities as it relates to their intended study abroad experience and **plan to follow up with Evergreen's Office of International Programs & Services** about related health conditions. See attached release.

    The related health condition(s) include: ____

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- ☐ I have met with the student to discuss their physical/mental health condition(s) or abilities as it relates to their intended study abroad experience and **recommend the student consult ASAP with the Evergreen Access Services** in advance of departure to determine if reasonable accommodations are available.

- ☐ I have met with the student to discuss their physical/mental health condition(s) or abilities as it relates to their intended study abroad experience. I **recommend Evergreen call together the health and wellness review committee** to gauge the program's capacity to provide resources necessary for this individual's health and wellness needs.

Licensed Provider's Signature: ____ Date: _________________________

(Print) Licensed Provider's Name: ____