



MEDICAL CLEARANCE & EMERGENCY CONTACT FORM CHECKLIST

Read all requirements and instructions carefully and check off each box once the step is complete.

PART I: EMERGENCY CONTACT INFORMATION

- Emergency Contact Information**
Name, Student ID#, Dates of Participation
Two Emergency Contacts (fill out all lines)

PART II: MEDICAL HEALTH HISTORY *(completed by student)*

- Read All Headings:**
 - a) Health Insurance
 - b) Medical Information
 - c) General Health
- Medical History: answer Y or N to all**
- Mental Health History: answer Y or N to all**
- Other Relevant Information: Provide necessary information**
- Student Signature and Parent/Guardian Signature IF Under 21**

PART III: HEALTH CLEARANCE *(completed by general health care provider and all relevant health care specialists)*

- General provider must mark one box (either CLEARED or NOT CLEARED)**
- General provider's Signature, Name (please print), Title, Specialty, Phone Number & Date**
- Specialist(s) provider must mark one box (either CLEARED or NOT CLEARED)**
- Specialist(s) provider's Signature, Name (please print), Title, Specialty, Phone Number & Date**

MEDICAL CLEARANCE AND EMERGENCY CONTACT FORM

HEALTH CLEARANCE REQUIREMENTS AND INSTRUCTIONS

Obtaining a health clearance is a non-waivable requirement for all LIU students participating in a Faculty-Led Study Abroad (FLSA) program. In addition to meeting all specific requirements of the program as set forth in the general program description below, all student participants must meet the following general requirements of program participation:

- possess the physical and mental well-being required to: live and study in the applicable foreign setting where resources may be different or fewer than those to which they are accustomed; exercise good judgment; and safely fulfill all essential components of their study abroad program. Students must be able to display flexibility and to function in the face of potentially uncertain or stressful situations.
- be able to align their health care needs with the limited resources that may exist at a nearby health care facility.
- be able to live in a setting quite different from that to which they may be accustomed and that may aggravate any existing health conditions (e.g., dormitories that may not be air-conditioned or afford privacy, homestays with local families, etc.).
- participate in typical classroom work (standard classroom activities such as assigned readings, written assignments, participation in discussions and written and/or oral examinations).
- participate in excursions, field trips and other group activities in remote areas, which may include physical activity such as hiking, walking, swimming/snorkeling, etc.

General Program Description

FLSA programs may utilize classroom and field-based seminars, community-based service learning, and interactions with the local community and environment. Field trips are an integral part of the experiential learning component of an FLSA course. While students learn through readings, lecture and class discussion, an important and major aspect of the FLSA model is taking the classroom experience out into the field. These field experiences require a certain amount of physical endurance. Below is a sample list outlining the types of experiences a student may encounter:

- Use of public transportation
- City walking
- Walking on dirt roads
- Hiking (possibly at high altitudes and/or on narrow, dirt paths)
- Swimming
- Kayaking
- Snorkeling
- Camping
- Local travel over rough roads
- Boat rides
- Carrying own bags
- Standing for long periods
- Climbing stairs
- Assisting with construction or painting projects
- Leading sporting activities

STUDENT INSTRUCTIONS

Obtaining a health clearance is a mandatory requirement for participation and cannot be waived. We must receive accurate information about your physical and mental ability to participate in the FLSA program. Information that we receive about you is confidential and will be shared only with those who need to know in order to assist you while you are abroad, including, for example, providing emergency or other necessary health care. You will need to:

1. Comply with the health clearance requirement no later than the date posted on <http://www.liu.edu/Study-Abroad/Student-Checklist>. Students who are not in compliance may not be approved to participate in, or may be dismissed from the program.
2. If you have a disability or health-related need and believe you need accommodations to meet the general and/or specific requirements of program participation (as set forth on this form and in the general program description), submit documentation of the disability, along with a request for reasonable accommodations and a copy of this form to: Dr. Joanne Hyppolite, Director of Student Support Services, at joanne.hyppolite@LIU.edu. For more information about Student Support Services, visit: <http://www.liu.edu/Brooklyn/StudentLife/SSS>.
3. If you have mobility-related issues, you must confer with the faculty member leading the course to determine what barriers may exist in and outside of your academic, living and other settings. LIU cannot guarantee that services are available, nor can it guarantee the accessibility of transportation vehicles, housing or hotel/hostel accommodations, study sites or the environs to which you may travel.

Completed forms must be submitted to:

FLSA
1 University Plaza
Pratt 321
Brooklyn, NY 11201
tami.shaloum@liu.edu

PART I: EMERGENCY CONTACT INFORMATION

Return this form to the address above. This information will be sent to the faculty member leading the course in which you are registered. Please use dark ink and write clearly.

Name of Student: _____ Student ID Number: _____

Dates of Participation in FLSA Program: _____

Emergency Contact(s)

In case of emergency, we will contact the first person listed. If unavailable, we will contact the second person listed.

1) Name: _____

Relationship to Student: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

2) Name: _____

Relationship to Student: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

PART II: MEDICAL HEALTH HISTORY

Students with known and/or ongoing medical conditions must prepare for and manage their condition overseas. Please read and complete all sections of this form.

Health Insurance

Health Insurance is MANDATORY for all students. Students will automatically be enrolled in and billed, per semester, for the school-sponsored health insurance.

Medical Information

School officials will use this information to assist you in preparing for your FLSA Program. Please answer all questions completely. Timely disclosure of your health information will allow LIU to support your overseas experience effectively. Mild physical or psychological disorders can become serious under the stresses of studying and traveling abroad. Therefore, it is important that you inform FLSA staff of any medical or emotional conditions, past or current, which might affect your safety and welfare or that of other program participants.

The information provided will be handled confidentially and will be shared with program staff and faculty only to the extent needed to secure health care or disability accommodations or if pertinent to your well-being in a housing placement or academic setting.

General Health

List any recent or continuing health problems: _____

Surgeries (list type and year): _____

List any physical or learning disabilities¹: _____

Drug/Food Allergies (list and briefly describe reaction): _____

Blood Type: _____

¹ Please contact Dr. Joanne Hyppolite, Director of Student Support Services, at Joanne.Hyppolite@LIU.edu to determine eligibility for reasonable accommodations. There is no guarantee that the requested accommodations are available at the site.

Medical History

Have you ever suffered from, been treated for, or hospitalized for the following?

	Y	N	Date		Y	N	Date		Y	N	Date
Headaches				Ulcer/colitis				Back/joint problems			
Epilepsy/seizures				Hepatitis/gallbladder				High blood pressure			
Asthma/lung disease				Bladder/kidney problems				Thyroid problems			
Heart disease				Diabetes				Recurrent or chronic infectious diseases			
Anemia or bleeding disorder				Cancer/tumors				Other (list):			

Mental Health History

Have you ever suffered from, been treated for, or hospitalized for the following?

	Y	N	Date	Please provide an explanation for any box you have checked
Any mental health condition (such as depression or anxiety)				
Substance abuse (alcohol or drugs)				
Eating disorder (anorexia/bulimia)				
Are you taking/have you ever taken medication for the above problems?				

Are you currently under the care of a doctor or other health care professional, including mental health treatment?

Yes No For what condition(s): _____

Doctor's Name: _____ Phone: _____ Fax: _____

Address: _____

Other Relevant Information

In order to provide the best access to health facilities abroad, please provide any other information relevant to your health, which may be necessary for FLSA personnel to know during your travel: _____

I acknowledge that Long Island University health insurance is mandatory and that my health history provided here is complete and accurate. I have no physical conditions that affect my ability to travel and/or participate in any of the activities involved at LIU. I understand that I am responsible for notifying the appropriate LIU administrator immediately of any injury, sickness or other medical condition or change to the medical information herein provided.

Signature of Participant

Date

Signature of Parent/Guardian (if participant is under 21 years of age)

Date

HEALTH PROVIDER INSTRUCTIONS

(read carefully before signing form)

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

1. LIU will not approve the student's participation in the program unless health clearance forms are satisfactorily completed and health practitioners certify that the student is medically stable.
2. The student must complete required information on the attached form. Blank forms, without the student's name, will be returned to the health practitioner.
3. You must consider the student's general fitness and physical and mental health in relation to the **general requirements of program participation set forth above**.

Understand that students with disabilities or health-related needs who are requesting reasonable accommodation to meet the requirements of the program (as set forth on this form and in the program description), must submit documentation of the disability, along with their request and a copy of this form to Dr. Joanne Hyppolite, Director of Student Support Services at Joanne.Hyppolite@LIU.edu. LIU cannot guarantee that services are available, nor can it guarantee the accessibility of transportation vehicles, housing or hotel/hostel accommodations, study sites or the environs to which students may travel.

If a specialist or specialists is/are currently seeing the student for an ongoing medical or mental health condition, each specialist also must approve and sign this health 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 program by the student's physician/health practitioner **and** each specialist.

Follow These Steps

1. **The student must present to you: (a) a completed confidential Medical Health History form; and (b) a description of the program.** Please review the confidential Medical Health History Form for accuracy.
2. **Discuss/review the student's health thoroughly, referring to: the confidential Medical Health History form, the student's medical records on file, and the general requirements of program participation set forth above;** paying particular attention to medications and immunizations that the student may need, any allergies the student may have, and all currently active health problems.
3. **Indicate on the Health Clearance Form if the student requires services to facilitate participation in the academic program** so that LIU can assist the student in determining the availability of adequate services at the program site.
4. **Pay special attention to any physical, emotional or psychological conditions.** LIU is concerned for the well-being of students with a history of health conditions that require medication and/or continued therapy while abroad.

Students may be cleared for participation if:

- in the opinion of the examining practitioner and specialist(s), any medical condition they may have is under control,
 - they have a treatment plan in place for required ongoing care while abroad, and
 - they have been stable on their medication for a reasonable period.
5. **Indicate on the attached form that you have discussed with the student all health and medication management, and services that would be needed abroad.** Students must take a sufficient amount of medication to last for the duration of their study abroad program and make sure that the prescription is available and legal in the host country. You may need to write a letter for the student to bring along with any medications, describing the medication and prescription.

Health Clearance

Forms without signatures and required information will be considered incomplete and will be returned to you for completion. Please make sure this section is completed by your general health practitioner as well as any and all relevant specialists as described above. The pages can be separated for their respective completion.

1. General, Licensed Health Practitioner:

I have reviewed thoroughly the student's health, referring to the student's confidential Medical Health History form, medical records on file, and the attached program description. Based on the information contained in the student's medical records and provided to me by the student, both in person and on the confidential Medical Health History form, as well as my current observation of this student, to the best of my knowledge, the student is:

- Student is CLEARED** (check all that apply below):
- No medical or mental health contraindications to participation in the program the student has chosen.
 - Student requires services to facilitate participation in the academic program (e.g., note-taking, wheelchair access). LIU cannot guarantee that services are available; students must submit documentation of their disability or health-related need, along with a request for reasonable accommodation to Dr. Joanne Hyppolite, Director of Student Support Services at Joanne.Hyppolite@LIU.edu.
 - Student requires a sufficient supply of medication to last through the duration of the program the student has chosen and must ensure that the medication is available and legal.
 - Student has a significant allergy to certain medication(s) and/or certain food(s). Please list:

- Student is NOT CLEARED:** There are medical or mental health contraindications to participation in the program. Clearance is not warranted at this time.

General, Licensed Health Care Provider's signature

General Health Care Provider's Name and Title (please print)

Phone Number (include area code):

Date

2. Specialist 1: Specialized, Licensed Health Practitioner (if applicable):

I have reviewed thoroughly the student's health, referring to the student's confidential Medical Health History form, medical records on file, and the attached program description. Based on the information contained in the student's medical records and provided to me by the student, both in person and on the confidential Medical Health History form, as well as my current observation of this student, to the best of my knowledge, the student is:

- Student is CLEARED** (check all that apply below):
- No medical or mental health contraindications to participation in the program the student has chosen.
 - Student requires services to facilitate participation in the academic program (e.g., note-taking, wheelchair access). LIU cannot guarantee that services are available; students must submit documentation of their disability or health-related need, along with a request for reasonable accommodation to Dr. Joanne Hyppolite, Director of Student Support Services at Joanne.Hyppolite@LIU.edu.
 - Student requires a sufficient supply of medication to last through the duration of the program the student has chosen and must ensure that the medication is available and legal.
 - Student has a significant allergy to certain medication(s) and/or certain food(s). Please list:

- Student is NOT CLEARED:** There are medical or mental health contraindications to participation in the program. Clearance is not warranted at this time.

Specialized, Licensed Health Care Provider's signature

Name, Title, and Specialty (please print and list specialty)

Phone Number (include area code):

Date

3. Specialist 2: Specialized, Licensed Health Practitioner (if applicable):

I have reviewed thoroughly the student's health, referring to the student's confidential Medical Health History form, medical records on file, and the attached program description. Based on the information contained in the student's medical records and provided to me by the student, both in person and on the confidential Medical Health History form, as well as my current observation of this student, to the best of my knowledge, the student is:

- Student is CLEARED** (check all that apply below):
- No medical or mental health contraindications to participation in the program the student has chosen.
 - Student requires services to facilitate participation in the academic program (e.g., note-taking, wheelchair access). LIU cannot guarantee that services are available; students must submit documentation of their disability or health-related need, along with a request for reasonable accommodation to Dr. Joanne Hyppolite, Director of Student Support Services at Joanne.Hyppolite@LIU.edu.
 - Student requires a sufficient supply of medication to last through the duration of the program the student has chosen and must ensure that the medication is available and legal.
 - Student has a significant allergy to certain medication(s) and/or certain food(s). Please list:

- Student is NOT CLEARED:** There are medical or mental health contraindications to participation in the program. Clearance is not warranted at this time.

Specialized, Licensed Health Care Provider's signature

Name, Title, and Specialty (please print and list specialty)

Phone Number (include area code):

Date