

INTERNATIONAL TRAVEL HEALTH EVALUATION FORM

STUDENTS READ THIS FIRST: *Participation in a Moreau Center international immersion or internship is contingent upon review of a student's completed "International Travel Health Evaluation Form." Read this form closely and complete it fully and accurately. Students should complete the first two pages first. Then, students should share the first two pages of the form with a licensed health care provider who will review the student's responses and complete the third and fourth pages after conducting a physical evaluation of the student. The form should then be returned to the Moreau Center at the University of Portland at the address listed on page four.*

STUDENT INFORMATION (To be completed by student):

Name _____ Student ID: _____ Date of birth _____
Moreau Center Program: _____

MEDICAL HISTORY/CURRENT MEDICAL CONDITIONS (To be completed by student):

Do you currently experience or have you been treated in the past for the following conditions. Please circle YES or No and provide more details on back of form if you circle Yes.

YES or NO Allergies to medication	YES or NO Kidney/urology problems
YES or NO Allergies of any kind	YES or NO Liver or gall bladder problems
YES or NO Anaphylactic Shock	YES or NO Menstrual problems
YES or NO Asthma	YES or NO Narcotic/alcohol dependency
YES or NO Cancer or tumors	YES or NO Psychological/emotional/psychiatric condition
YES or NO Chronic respiratory problems	YES or NO Neurological condition
YES or NO Chronic digestive/GI problems	YES or NO Orthopedic injury or condition
YES or NO Diabetes	YES or NO Recent weight gain
YES or NO Dietary restrictions	YES or NO Recent weight loss
YES or NO Dizziness/fainting spells	YES or NO Skin or ACNE condition
YES or NO Eating disorder	YES or NO Sleeping difficulty
YES or NO Epilepsy or seizures	YES or NO Thyroid/endocrine problems
YES or NO Gastrointestinal trouble	YES or NO Trouble with ear, nose or throat
YES or NO Head aches/migraine	YES or NO Tuberculosis
YES or NO Head injury	YES or NO Sexually transmitted infection
YES or NO Heart or circulatory conditions	YES or NO Vision correction
YES or NO High blood pressure	YES or NO Other
YES or NO Hypoglycemia	YES or NO Other
YES or NO Infectious disease	
YES or NO Jaundice/hepatitis	

STUDENT HEALTH QUESTIONS (To be completed by student):

1. Are you required to or do you currently wear a health emergency bracelet? Circle: **Yes No**
2. Have ever been hospitalized or treated in an emergency room? Circle: **Yes No**
(If yes, please provide treatment details to your health care provider completing your exam).
3. Are you currently taking any medication? Circle: **Yes No**
(If yes, please list the medication(s), how often you take the medication(s), and the condition(s) being treated on a separate sheet.)
 - I have been provided with information on traveling with medication. I acknowledge that I will check on the availability of my medication in the country in which I will study and contact the study abroad office if I need assistance. I will also carry a copy of my medication list with me when I travel. I understand that shipping certain medications can be illegal and/or not reliable. ____ (**initial**)

4. Are you currently receiving, or have you received in the past two years, counseling for any emotional problem, drug addition, alcoholism, psychiatric condition, or eating disorder? Circle: **Yes No**
(If yes, please attach an additional form with details.)
5. Do you require accommodations such as extended time on exams, housing needs, assistive technology, or do you have a functional limitation that may limit or impede your ability to participate in this program? Circle: **Yes No**
(If yes, please contact Accessible Education Services (AES) at UP in in Buckley Center 163, 503-943-8236.)

Authorization and Acknowledgement Regarding Student Health Information: (To be completed by the student)

Participation in a Moreau Center international immersion or internship is contingent upon review of a student's completed health form. Service learning, particularly in an international setting, can be a physically and mentally challenging experience. Mild or pre-existing health conditions can become serious for some students as they transition into an unfamiliar culture and environment. Full disclosure of a student's health history is necessary for the Moreau Center, working in conjunction with the University Health Center, to assess health-related risks posed by participation in an international immersion or internship, to help prepare students for their experience, and, in an emergency, arrange for the provision of healthcare services.

- I hereby verify that all of the information contained in this form and any attachments I have provided is accurate and complete and that I have shared this information with my health care provider. I acknowledge that any failure to provide accurate and complete information may result in my dismissal from the Moreau Center program.
- I authorize the information contained in this form to be shared with the professional staff at the Moreau Center and the University Health Center for purposes of assessing health-related risks posed by my participation in the program, preparing me for my immersion or internship, and, if necessary, assisting me to obtain healthcare services.
- I agree to notify the Moreau Center of any material changes in my health, affecting the accuracy or completeness of the information contained in this form or any attachments I have provided, that occur prior to the start of or during of the program. I acknowledge that any failure to provide such notice may result in my dismissal from the Moreau Center program.**
- In the event of an emergency, I authorize the Moreau Center and the University Health Center to disclose my relevant health information from this form, any attachments I have provided, and the Health Care Provider Form to my parents or other designated emergency contacts and appropriate treatment personnel. To the extent my health information includes mental health-related information, alcohol or substance abuse treatment information, and/or my HIV or other communicable disease status, I specifically authorize the Moreau Center and the University Health Center to disclose such information in the event of an emergency.

The information disclosed will be kept confidential in accordance with applicable law. Disclosure of your information will only be made to appropriate individuals, and handled with the highest levels of discretion in order to protect your privacy.

The conditions of this form have been explained to me and my questions have been satisfactorily answered.

This authorization is effective from the date indicated below and is valid until revoked. You may revoke this authorization by submitting a written request to the Moreau Center, but any such revocation shall not affect disclosures previously made by the University of Portland prior to the receipt of such written revocation.

Student signature Date

Parent/Guardian signature if under 18 Date

HEALTH CARE PROVIDER FORM (To be completed by health care provider):

This form is to be filled out by a licensed health care provider (MD, DO, NP, PA). It is to be mailed by that health care provider to the Moreau Center at the University of Portland .

Student's name: _____

Date of birth: _____

Please perform a thorough physical evaluation of the student listed above. Review the student's responses to the student information section of this form (pages 1 and 2). This evaluation is required for his/her participation in a university sponsored overseas experience. This information may be vital if the student is involved in any emergency while overseas. You may attach an extra page if you need more room for any of your answers. Thank you for your help in this matter.

EXAMINATION DETAILS: The health care provider must complete all items in this box for the form to be accepted as complete. Date of Examination: _____ Height: _____ Weight _____ Blood Pressure: _____ / _____ Pulse: _____ Resp: _____

MEDICATION(S)

If the patient is currently taking any medication that he/she will be bringing with him/her on the international immersion or internship, please provide details of all medication. In addition, please discuss with the patient means to obtain necessary supply of medicine while abroad.

Name of Medication	Prescribed for	Dose and frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach an additional sheet if necessary

Country/Location of immersion or internship: _____

Other possible countries/locations: _____

Immunization record reviewed:

- Immunization records reviewed and attached
- Additional immunizations recommended by www.cdc.gov/travel (please list) _____
- Immunizations administered and VIS provided (attach documentation)
- Recommend consulting with a Travel Medicine Specialist due to area of travel

History and Physical Exam:

- Completed
- Pertinent Diagnosis: _____

SUMMARY AND SIGNATURE

Is there any medical condition that currently affects this patient and may require follow-up care while the patient is abroad?

- YES: Please explain
- NO

Is there any psychological condition that is currently affecting this patient and may require follow-up care while this patient is abroad?

- YES: Please explain
- NO

With my signature below, I acknowledge the patient is physically and mentally able to participate in an international immersion or internship.

Signature of Health Care Provider: _____ Date: _____

Name of Health Care Provider (please print): _____ Title: _____

Address of Health Care Provider: _____

Phone Number: _____

Please return this entire International Travel Health Evaluation Form to:

University of Portland
MOREAU CENTER
5000 North Willamette Boulevard
Portland, Oregon 97203-5798
(503)943-7132/Fax: 503-943-8567
www.up.edu/moreaucenter