OFFICE OF INTERNATIONAL INITIATIVES
STUDY ABROAD PROGRAMS

Mailing Address:
P.O. Box 3987
Atlanta, GA 30302-3987

In Person:
30 Courtland Street SE, Suite 300
Atlanta, GA 30303

Phone: 404/413-2529

Georgia State University Study Abroad Programs
Health Clearance Form

Student Instructions

- The student is required to fully disclose all known medical and health issues to the physician completing this Health Clearance Form.
- The student must provide the physician with the Program Description (including itinerary and housing accommodations) of their specific study abroad program. This information is available online at www.mystudyabroad.gsu.edu. Having this information in an electronic form (for example, on a mobile phone) is acceptable.
- Only Health Clearance Forms completed after the physician has reviewed the Program Description will be accepted. Failure to provide the Program Description to the doctor with this form will prevent the program participant from being cleared by the physician.
- The physical examination must be performed by the physician within six (6) months of the departure date, but six (6) to eight (8) weeks before departure is ideal. If a student wants to use the GSU Student Health Clinic for the physical exam, he or she should call to make an appointment a month in advance of the desired appointment time.
- Health Clearance Forms must be uploaded to Terra Dotta by the student and will be reviewed by Study Abroad Programs.
- Participation in the GSU Study Abroad Program is contingent upon timely receipt of the Health Clearance Form by the GSU Study Abroad Programs Office. The Form must be received one month before the scheduled departure date. If the Form is not received by the deadline or if the student is not properly cleared by the physician, then the student will not be eligible to participate in the Study Abroad Program.

Physician Instructions[1]

- The form must be completed by a physician after (1) reviewing the Program Description attached to this form or shared on a mobile device by the student and (2) completing a current physical examination of the student.
- The Program Description is an essential part of the health clearance process, and your medical exam must be performed with the program specifics in mind.
- If the student cannot provide the Program Description, please inform the student that you cannot complete the form.

[1] **Health Care Provider must be a licensed M.D. in the U.S. and cannot be an immediate family member of the student (AMA Code of Ethics E-8.19).**

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Student Information: To Be Completed by Student

Name of Student _____ Program Director Name _____

Title of Study Abroad Program _____

Countries to be Visited _____ Program Dates _____

NOTE: *Program Applicants are encouraged to provide the medical information requested below since it may be of significant assistance in the event of a medical emergency. However, disclosure to GSU is not required.*

Current Medications: _____

Allergies: _____

Special Dietary Requirements: _____

Chronic Conditions or Medical History: _____

Any other Conditions or Illnesses: _____

I, the undersigned student, hereby request/direct/consent to have _____ *(name of physician) complete this form for GSU Study Abroad Programs.*

Student Signature _____ Date _____

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Georgia State University

_____

Name of Student/ Title of Study Abroad Program/ Term of Study Abroad

Clearance: To Be Completed by Physician

Please read the Physician Instructions described above. Review the student's medical history and discuss with the student his/her ability to study abroad. In determining the student's clearance status, consider the medical examination of the student, the student's medical records, and the requirements of the study abroad program in which the student will participate, as stated in the attached Program Description.

_____ (initials) I have read the attached Program Description.

_____ (initials) I have conducted an exam including a review of the student's health history.

Based on my exam of the student, the student's medical history, and the Program Description, it is my professional determination that the student is:

_____ (initials) **CLEARED** to safely participate in the above-described Study Abroad Program

1. There are no contraindications to safe participation in the study abroad program for which the student has applied; OR
2. Condition(s) on which you medically clear this student to safely participate in the study abroad program for which the student has applied are:

_____

_____

_____ (initials) **NOT CLEARED**: There are contraindications to safe participation in the study abroad program for which the student has applied.

PHYSICIAN RUBBER STAMP OR BUSINESS CARD HERE

_____
Licensed Physician Name Printed

_____ (____) _____
Licensed Physician Signature Telephone No.

_____
Date