

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

Fax: 404/413-2531



Georgia State University Study Abroad Programs Health Clearance Form

Student Instructions

- The program participant is required to fully disclose all known medical and health issues to the physician completing this Health Clearance Form.
- The program participant must provide the physician with the Program Description of the specific study abroad program for which the student has applied. Only Health Clearance Forms completed after the physician has reviewed the Program Description will be accepted by GSU. 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 of the Study Abroad program. The ideal time for the physical examination is six (6) to eight (8) weeks before departure. If a GSU student wants to use the GSU 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 submitted to GSU Study Abroad Programs directly (by facsimile or mail) by the office of the physician completing this form. Only Health Clearance Forms submitted by the physician's office will be accepted.
- 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 no later than 7 business days prior to 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*

- The Health Clearance Form must be completed by a physician after (1) reviewing the Program Description attached to this form 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.
- Only Health Clearance Forms accompanied by the Program Description will be accepted. If the Program Description is not attached to this form, please ask the student to attach it before medically clearing the student for participation. The completed Health Clearance Form must be faxed to (404) 413-2531 or mailed by the physician's office directly to GSU Study Abroad Programs at: Study Abroad Programs, Georgia State University, P.O. Box 3987, Atlanta, GA 30302.
- ***Health Care Provider must be a licensed M.D. in the U.S. qualified to perform a comprehensive TRAVEL RELATED physical exam and cannot be an immediate family member of the student (AMA Code of Ethics E-8.19).**

OFFICE OF INTERNATIONAL INITIATIVES
STUDY ABROAD PROGRAMS

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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 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 and submit this form to GSU Study Abroad Programs.

Student Signature

Date

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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 health 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.

____ A. I have read the attached Program Description.
(initials)

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

C. 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:

____ 1. CLEARED to safely participate in the above-described Study Abroad Program
(initials)

1.a There are no contraindications to safe participation in the study abroad program for which the student has applied; or

1.b Condition(s) on your medical clearance of this student to safely participate in the study abroad program for which the student has applied are:

____ 2. NOT CLEARED: There are contraindications to safe participation in the study abroad
(initials) program for which the student has applied.

PHYSICIAN RUBBER STAMP OR BUSINESS CARD HERE

Licensed Physician Name Printed

Licensed Physician Signature

(____) _____
Telephone No.

Date