

ST CLOUD STATE UNIVERSITY
MEDICAL CONSULTATION FORM FOR EDUCATION ABROAD PARTICIPANTS

Requirement for Education Abroad Participants

St. Cloud State University requires all education abroad participants to demonstrate that they have consulted with a medical professional at least 4-6 weeks prior to their program overseas. The medical consultation can be completed at SCSU Student Health Services where this expertise is available. For more information about travel medicine see <http://wwwnc.cdc.gov/travel/page/see-doctor>.

(To schedule an appointment, call (320) 308-3193 or schedule online at myhealthservices.stcloudstate.edu)

<p>INSTRUCTIONS FOR STUDENTS: You must consult with a medical professional to discuss your medical history using the Health Information Collection Form that you have completed. Be sure to ask about:</p> <ul style="list-style-type: none">○ The latest information on health risks for you based on your age, medical and vaccine history and current medical state,○ Required and recommended immunizations,○ Safety precautions based on where you will travel and the length of the stay and types of activities planned,○ Precautionary measures for dietary and recreational activities,○ Prescription medications <p>Return this signed Consultation Form and the Health Information Collection Form to the Center for International Studies, 101 Lawrence Hall, SCSU.</p>	<p>INSTRUCTIONS FOR MEDICAL PROFESSIONAL: SCSU requires students who have been accepted to an education abroad program to consult with a medical professional for the purpose of obtaining advice about possible issues and concerns when traveling abroad. As the consulting medical professional, please:</p> <ul style="list-style-type: none">○ Review the Health Information Collection Form with student,○ Discuss any concerns with the student,○ Check appropriate box(es) below and sign, (If you mark that campus discussion is advised, SCSU Center for International Studies staff will contact student to coordinate a follow up meeting)○ Give both this form and Health Information Collection form to student to return to SCSU Center for International Studies.
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<p>To be completed and signed by student</p> <p>First and Last Name: _____</p> <p>Date of Birth: _____</p> <p>Country Travelling to: _____</p> <p>Start Date this country: _____</p> <p>End Date this country: _____ (Please list additional countries and begin and end dates on the back of this page.)</p> <p>After the consultation initial statements that apply and sign:</p> <p>___I have consulted a medical professional regarding my intended travel. I have discussed my health history as well as any health related precautions and plans I should make.</p> <p>___I also discussed whether travel was recommended at this time.</p> <p>___I discussed whether I need to discuss support for my health during travel with university staff before departure.</p> <p>___I acknowledge that it is my responsibility to consult the Student Disabilities Services Office to request eligibility for reasonable accommodations.</p> <p>_____ Signature Date</p>	<p>To be completed and signed by medical professional</p> <p>Medical Professional's First and Last Name or Stamp: _____</p> <p>Telephone Number: _____</p> <p>Please check all that apply:</p> <p><input type="checkbox"/> Student presents no information causing concern about International travel.</p> <p><input type="checkbox"/> Student can manage self-care that will be required while abroad, e.g. travel with and administer medication.</p> <p><input type="checkbox"/> Additional discussion needed regarding accommodation of disability, health and/or mental health care prior to travel. Student has been advised to discuss with SCSU Center for International Studies staff.</p> <p><input type="checkbox"/> I have concerns regarding student's travel. Student has been advised to discuss with SCSU Center for International Studies staff.</p> <p>By signing this form, I acknowledge that I have reviewed the student's health history using the attached Health Information Collection Form and discussed any health related precautions and plans the student should make with regard to his/her proposed travel, including any health and safety concerns.</p> <p>_____ Signature Date</p>
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