



**CENTER FOR GLOBAL AND INTERCULTURAL STUDY
OFFICE OF INTERNATIONAL PROGRAMS
PARTICIPANT HEALTH INFORMATION**

DUE DATE: FRIDAY, DECEMBER 4, 2009

The information requested will allow the Center for Global and Intercultural Study Office of International Programs (CGIS/OIP) to better assist you should health concerns arise during your program experience, particularly in the event of a health emergency. Because mild, pre-existing health issues can become serious under the stresses of life in an unfamiliar context, it is important to have a health care provider evaluate any conditions which might limit your ability to successfully undertake the study abroad program. The CGIS/OIP will make every effort to accommodate health needs abroad and to ensure that suitable care is available. However, *some destinations may not be advisable for individuals with certain health conditions*. Please consult with OIP/CGIS staff for more information on such destinations. The OIP may share the information provided below with on-site program staff.

INSTRUCTIONS:

You should complete parts **1**, **2**, and **3**. **You** must sign/date in box under part 3.

Your health care provider (if applicable), signs part **4** as it applies to part 3e.

You must make a copy of the completed form. Return the original **plus** copy to the CGIS/OIP by deadline.

1.) Participant Name (*please print*): _____ U-M ID#: _____
(Last) (First)

Country and Program Name: _____

Term(s) of participation: Academic Year Fall Winter Spring Summer Year: _____

In case of an emergency during the program period, the CGIS/OIP may need to contact your emergency contact. This contact information is collected through the CGIS/OIP online forms and you can update it at any time, even after departure. Please make sure this information is current at all times.

2.) **Regular health care provider** (personal physician, group practice, etc.): _____

Office phone number: _____ Emergency phone number: _____

3.) You are required to accurately address points **a** through **e** below, attaching additional pages as needed, and endorse the italicized statements immediately following. All responses are requested for the sole purpose of assisting program staff in meeting emergencies and any special health needs.

a. If you require accommodations or support services while abroad because of a disability or other impairment, please provide a full description of what arrangements may be needed, as well as verification of the disability or other impairment from Services for Students with Disabilities (SSWD).

b. If you have any drug, food, or other allergies, please identify them, your reactions if exposed, and the recommended treatment plans.

- c. If you have any dietary restrictions, please give details.

- d. If you regularly take medications, please identify them, and be sure to bring with you to your program site an adequate supply of each, in pharmacy-labeled containers.

- e. If you are currently under a physician's or specialist's care, or have within the last three years been under a physician's or specialist's care, for treatment of an ongoing/recurrent medical or psychological condition, your physician or specialist must sign off on the clearance in part 4, below.

Participant Statement of Accuracy and Signature:

All responses that I have given on this form and attached sheets are true and accurate to the best of my knowledge. I understand that failure to supply true and accurate information may result in my dismissal from the program. I will provide the Center for Global and Intercultural Study Office of International Programs (CGIS/OIP) with the necessary medical clearance to participate if 3e applies to me. I will notify the CGIS/OIP of any relevant changes in my health that occur prior to the start of and/or during the program and that may affect my ability to participate. I also acknowledge that CGIS/OIP, as well as on-site program staff, may (but are not required to) take action, including dismissing me from the program, if they believe that I have failed to comply with the terms of any medical clearance required for my participation, if applicable, or that such action is appropriate under the University's Emergency Mental [and Physical] Health Withdrawal and Readmission Policy and Procedures.]

Signature of Participant

Date

4.) Instructions to the Participant's Health Care Provider: The individual presenting this form for signature has indicated in 3e that he/she is either currently under a physician's or specialist's care, or has been under such care within the past three years, for treatment of an ongoing/recurrent medical or psychological condition. You are asked to evaluate the individual's health and respond below as appropriate. Please take into account that living and studying in a foreign environment frequently triggers unexpected physical and emotional stress, which can exacerbate otherwise mild conditions. It is important that the participant be able to adjust to potentially dramatic changes in climate, diet, living arrangements, social life, and study demands that may seriously disrupt accustomed patterns of behavior. Moreover, although health care in many places is readily available and of sufficiently high quality, the participant may be going to a location where familiar treatment is difficult to obtain and/or less reliable. Especially in certain cases, the participant often will not have convenient, if any, access to the kinds of resources and support she/he may be dependent on at home.

On the basis of my knowledge of this student's health, I (please check language that applies)...

- find no medical or psychological contraindications to her/his participation in this CGIS/OIP program.*
- recommend against his/her participation in this CGIS/OIP program.*
- support his/her participation in this CGIS/OIP program, but only under the following conditions:*

I have discussed my response above with the participant and have given appropriate counseling.

Signature of health care provider/specialist

Date

Printed name of health care provider/specialist

Business Street Address

City

State

Zip Code

Business Phone