

## **PART II: HEALTH SCREENING EXAMINATION CASAS PROGRAMS - MORE THAN 30 Days**

**To be completed by the physician or health care provider**

The physician or Health Care Provider must complete the following information after reviewing the participant's Health Screening form with the participant. For participants seeing a specialist for a serious ongoing condition, **the approval of the specialist must be obtained prior to review by the Physician or Health Care Provider.**

**Name of participant (please print)**

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**Proposed Dates of Travel to Guatemala**

Start:	End:
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### **TO THE PHYSICIAN/HEALTHCARE PROFESSIONAL**

The participant named on this Form is applying to participate in a program of study abroad. Participants may spend from 4 weeks to 12 months in residence abroad. Living and studying in a foreign environment may create unexpected physical and emotional stress, which may exacerbate otherwise mild disorders. It is important that all participants be able to adjust to potentially dramatic changes in climate, diet, living conditions, and studying conditions that may be seriously disruptive to accustomed patterns of behavior. One should never assume that going abroad to study would provide an antidote to health problems experienced at home. Failure to disclose or inform SEMILLA CASAS Program and its partners of medication or medical treatment potentially increases the risk the participant faces while studying abroad.

#### **ALL PARTICIPANTS MUST BE GRANTED A HEALTH CLEARANCE TO STUDY ABROAD WITH SEMILLA CASAS PROGRAM**

This clearance must include the following steps:

1. **Medical History**  
The participant must present a fully completed Medical History form. Please review this form with the participant for accuracy and completeness. You do not need to perform a physical examination unless requested by the participant, but you must discuss the participant's health history thoroughly, paying particular attention to immunizations that may be needed, any allergies the participant may have, and all currently active health issues.
  
2. **Emotional/Psychological Assessment**  
Pay special attention to any emotional/psychological problems and the medications the participant is taking. SEMILLA CASAS Program and its partners are especially concerned for the well being of participants who have been diagnosed as anorexic or bulimic, bi-polar disorders or depression that requires medication; these conditions may increase the risk to life-threatening levels in a foreign environment. Participants may be cleared with these conditions provided they are in compliance with and stabilized on their medication.
  
3. **Medication Review**  
Please impress on the participant the need to ascertain the availability of medications in the country to which they are traveling and/or assure that they have a supply of any necessary medication sufficient to last for the entire period they will be abroad. The need for any counseling or laboratory testing while abroad should also be disclosed so that the SEMILLA CASAS Program may determine the availability of adequate facilities at the program site.
  
4. **Physical/Learning Disabilities**  
Please describe any physical or learning disabilities the participant may have. Participants may be cleared for participation so long as, in the opinion of the examining healthcare professional, any condition they may have is under control and they have been stabilized on their medication for a reasonable period of time. If a specialist for a serious ongoing medical or psychiatric condition is currently seeing the participant, the specialist should also approve and sign this clearance form.

**Medical Professional Assessment Summary**

I have read the attached information about the rigors of study abroad and reviewed the participant's Health Screening form with the participant. Based upon the information provided to me by the participant on the Health Screening Form, and pursuant to a review of of the participant's personal health history, *I find:*

**YES. Approved Without Restrictions**

There are NO medical or psychiatric contraindications to participation and the participant is cleared to study abroad.

**CONDITIONAL YES. Approved with Restrictions**

While the participant is conditionally cleared to study abroad, the participant should arrange the following in advance of SEMILLA Program participation:

- Services that would facilitate a healthy and safe stay (e.g., regularly available physical or psychiatric therapy, etc.) *Please specify requirements:*

- A sufficient amount of medication to last for the duration of the program or ensure that the medication is locally available. *Please specify requirements:*

**NO. Physical Contraindications**

There ARE medical contraindications to participation and in my judgment, the participant is NOT cleared to study abroad.

**NO. Psychiatric Contraindications**

There ARE psychiatric contraindications to participation and in my judgment, the participant is NOT cleared to study abroad.

**PART 2: SIGNATURE FOR HEALTHCARE PROFESSIONALS**

**Signature of Medical Healthcare Professional**

Date:

**Printed Name of Medical Healthcare Professional**

Phone Number

**Signature of Specialist or Psychotherapist**

Date:

**Printed Name of Specialist or Psychotherapist**

Phone Number