

Required Health Information Form for Study Abroad Participants

Office of International Programs
North Central College

Student Information

Last Name: _____ First Name: _____ Middle Initial: _____

Period of Intended Study: Year(s): _____ Fall Fall/Winter Spring Only Academic Year

Study Abroad Program: _____ Study Abroad Country: _____

NCC Email Address: _____@noctrl.edu (email provided must be your NCC email address)

Form Outline and Information

This form is required for each student who has been admitted to a study abroad program that is sponsored or approved by North Central College (NCC). It does not affect admission, and it will only preclude participation if appropriate accommodations are unavailable at the foreign site. This form allows the Office of International Programs (OIP) staff to identify participants with medical concerns, clarify their individual needs, and make preparations for adequate support.

Candid responses will facilitate safeguarding your health and wellness while abroad. If you have a medical or mental health condition that may be affected by participation in the program, we want to recognize it, discuss your needs and concerns, and respond appropriately within the limits of available resources and facilities.

Privacy of Medical Information: The information you provide will be handled as private information and will be revealed only as necessary to NCC's staff in the Dean of Student's Office, the Dyson Wellness Center, the Office of International Programs, Center for Student Success, Group Program faculty and/or staff leaders, relevant host institution partners/colleagues and involved health professionals.

Future Medical Problems: Should you develop a significant health problem between the time you complete this form and begin the program, please promptly notify the NCC Study Abroad Advisor, Whitney Ewing, and provide a clinician's report (if relevant). Similarly, please promptly notify the NCC Director of Study Abroad, Kimberly Larsson, and appropriate on-site personnel if you develop a significant health problem while abroad or if an existing problem becomes acute or difficult to manage.

Students with Disabilities: The NCC Office of International Programs is committed to full compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 to the extent that those federal statutes protect the rights of students with disabilities. To receive accommodations and/or disability-related services while you are abroad, you must complete the normal registration process with NCC's Center for Student Success. You should discuss with Lavonne Kopca, Director, Student Disability Services, what accommodations may be appropriate while you are abroad and request that an official letter listing recommended accommodations and/or services be prepared for you. A foreign institution will not be obliged to comply but normally will be responsive to the needs of the student in a reasonable manner.

The following sections, comprised of: (a) general and emergency contact information, (b) clinical history, (c) physical or learning disabilities, (d) general health and travel immunizations, and (f) authorization statement must be completed, and submitted, to the NCC Office of International Programs, no later than 12:00 PM on Friday, April 1, 2016. Completed Clinician's Report Form(s) must be submitted no later than 5:00 PM on Friday, May 13, 2016 to the NCC Office of International Programs.

Health Information Form

General and Emergency Contact Information—Section A

Student Information

Name: _____ NCC Student ID #: _____
Study Abroad Program: _____ Study Abroad Country: _____
Gender: _____ Height: _____ Weight: _____

Clinician's Contact Information

(TO BE COMPLETED BY THE STUDENT)

Name: _____
Address: _____
(Street)
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____

Emergency Contact Information—Contact 1

(THIS INFORMATION SHOULD MATCH THE EMERGENCY CONTACT INFO. PROVIDED ON THE NCC STUDY ABROAD APPLICATION)

Name: _____ Relationship to Student: _____
Address: _____
(Street)
City: _____ State: _____ Zip Code: _____
Home Tel.: _____ Work Tel.: _____ Cell: _____

Emergency Contact Information—Contact 2

(THIS INFORMATION SHOULD MATCH THE EMERGENCY CONTACT INFO. PROVIDED ON THE NCC STUDY ABROAD APPLICATION)

Name: _____ Relationship to Student: _____
Address: _____
(Street)
City: _____ State: _____ Zip Code: _____
Home Tel.: _____ Work Tel.: _____ Cell: _____

Health Information Form

Clinical History —Section B

If you answer “yes” to ANY of the Clinical History—Section B questions, a Clinician’s Report Form, pp. 8-9, MUST be submitted by May 13th, 2016. In the case of multiple medical and/or mental health conditions, separate forms must be submitted for each. Please attach additional pages as necessary to provide a complete answer. Please contact the Office of International Programs if any conditions or treatments significantly change before the start of your program or while you are abroad.

1. Are you currently under medical treatment? Yes No
2. Do you have a chronic medical condition (e.g. asthma, diabetes, IBS, Crohn’s) or have you had in the past any condition which is currently in remission (e.g. diabetes, heart problems, cancer)? Yes No

If ‘yes,’ please identify the condition(s) below and submit the Clinician’s Report Form(s) on pp. 8-9:

3. Have you had any psychological, psychiatric, or personal issues (including eating disorders, substance abuse, family concerns) during the past five (5) years for which you have sought professional attention? Yes No

If ‘yes,’ please identify the circumstances below and return the Clinician’s Report Form(s) on pp. 8-9:

4. Are you currently taking any medications (prescription or over-the-counter)? Yes No

If ‘yes,’ please list the medication name, dosage, prescribing clinician, and condition being treated below. If not listed on page 2, please note the contact information for the prescribing clinician on the back of this form.

Note: A Clinician’s Report Form, pp. 8-9, must be submitted for ALL prescriptions treating a medical or psychiatric condition or for depression, anxiety, or other psychological/emotional condition.

Name of Medication	Dosage	Prescribing Clinician	Condition Being Treated
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

5. For what period of time have you been, and do you plan to continue, taking the(se) medication(s)?

Health Information Form

Clinical History —Section B (continued)

MANAGING YOUR MEDICATION: It is your responsibility to manage your medication and work together with your clinician, and health insurance provider, to obtain a sufficient dosage of the(se) medication(s) for the duration of your study abroad program. If your clinician needs a letter from North Central College Office of International Programs, verifying your study abroad acceptance and duration, please contact Whitney Ewing at wkewing@noctrl.edu with your clinician's name, title, the name of the practice/office and your clinician's contact details, including address, phone and fax number, and e-mail address.

Note: You are responsible for safeguarding all your prescription medications. All prescription medicines should be carried in their original prescription containers. It is **STRONGLY RECOMMENDED** that you carry two weeks' worth of your prescription medication with you while traveling. The remainder of your prescription medication may be transported in your checked luggage, in the original packaging, with your name clearly identified, and with an official letter from your doctor and the NCC Office of International Programs regarding your acceptance into an NCC study abroad program and the duration of your study abroad program.

6. Have you had any diseases, surgical operations or significant injuries within the last five (5) years that could have an effect on your participation in this study abroad program? Yes No

If 'yes,' please explain and return the Clinician's Report Form on pp. 8-9:

7. Have any surgical operations been recommended that could have an effect on your participation in this program?
 Yes No

If 'yes,' please explain and return the Clinician's Report Form on pp. 8-9:

8. Do you plan to have any surgical operations between now and your date of departure? Yes No

If 'yes,' please explain and return the Clinician's Report Form on pp. 8-9:

9. Will you require a continuation of medical treatment and/or counseling services while you are participating in this study abroad program? Yes No

If 'yes,' please explain and return the Clinician's Report Form on pp. 8-9:

10. Is there anything else about your health or medical history that may be a factor should there be an emergency abroad?
 Yes No

If 'yes,' please explain:

Health Information Form

Physical or Learning Disabilities —Section C

1. Do you have any conditions (including physical impairments or learning disabilities) that might restrict your mobility or require special facilities or accommodation while abroad? Yes No

If 'yes,' please explain:

2. Do you currently utilize any academic support services at North Central College such as extended exam time, note-taking services, textbook on tape, or tutoring? Yes No

(If you answered 'no' please SKIP the rest of this section)

3. If you answered 'yes' to question 2, will you require continuation of these services while participating in this study abroad program? Yes No

4. Have you discussed these accommodations/conditions with your study abroad advisor? Yes No

5. If 'no' to question 4, would you be willing to be contacted by your study abroad advisor (Whitney Ewing) to make arrangements to accommodate your needs while abroad? Yes No

Note: *If you are already registered with NCC's Center for Student Success, the NCC Office of International Programs and the Center for Student Success will work together to assist you in securing reasonable accommodations. If you are not registered with the NCC Center for Student Success and wish to request an accommodation, please notify Ms. Lavonne Kopca, Director, Student Disability Services, immediately:*

Ms. Lavonne Kopca

Director, Student Disability Services

LAC 11; 630-637-5264

llciezadlokopca@noctrl.edu

Health Information Form

General Health and Travel Immunizations—Section D

1. Please list any allergies to medication, food, insects or other substances/conditions:

2. Do you carry an epi-pen with you? Yes No

3. Please list any dietary restrictions:

4. Do you wear glasses or contacts? Yes No

Note: If you answered 'yes,' we strongly recommend that you have an extra pair of glasses and/ or contacts with you. At the minimum, you should have a copy of your current prescription for your glasses and /or contacts.

Some North Central College study abroad programs are in locations where **TRAVEL IMMUNIZATIONS** are required/recommended. It is each student's responsibility to check if any travel immunizations or medications are necessary or encouraged for the country you will be studying in AND for any countries to which you intend to travel. Make sure to get any immunizations well in advance, especially if you need more than one, as you often CANNOT get them all at the same time. Many former students have used Cadence Travel Medicine, 636 Raymond Drive #204, Naperville, IL 60563. Phone: (630) 315.1730.

The Center for Disease Control (CDC) website, <http://wwwnc.cdc.gov/travel/>, includes a country-by-country resource for required/recommended immunizations, as well as recommended medical precautions. When visiting the site, you will notice a tab specific for extended stay/study abroad.

Voluntary Demographic Disclosure (optional) —Section E

Each year, the Institute of International Education (IIE) solicits information from all U.S. higher education institutions to publish the *Open Doors Report on International Education Exchange*. The report discloses nationally, the demographic, academic, and selected study abroad program information for all students nationwide. If you are willing, we appreciate your help in supplying the information requested from IIE. *The following questions were copied from the 2013-2014 Open Doors Report.*

1. Gender

- Male
- Female
- Other

2. Ethnicity/Race

- White
- Hispanic or Latino/a
- Black or African-American
- Asian/Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Multiracial
- Other

3. Disability

- No disability
- Disability (includes physical, hearing, vision, mental, chronic health-related, learning, multiple and other disabilities, etc.)

4. If you selected 'Disability' in question 3

- Sensory Disability (hard of hearing, deaf, blind, low vision)
- Physical Disability (amputee, cerebral palsy, spina bifida, etc.)
- Mental Disability (anxiety, bipolar, depression disorders, etc.)
- Attention Deficit Disorder or Learning Disability (dyslexia, auditory processing disorder, etc.)
- Other Disability (brain injury, speech impediment, health-related disability, autism, etc.)

Health Information Form

Authorization Statement — Section F

I hereby authorize North Central College to release information from my medical history, including but not limited to medical records, upon the request of the NCC Office of International Programs. I further authorize the release of information by the NCC Office of International Programs to the relevant faculty and staff, both at NCC and at its partner institutions/programs abroad.

I understand that the NCC Office of International Programs will not release any information from my medical records/history unless a situation arises while I am a participant in a NCC study abroad program that makes it necessary to have the information pertinent to my safety or health.

I understand that, if I have a medical, psychiatric or psychological condition that requires or has required treatment, I must discuss my plan to study abroad with my clinician.

On rare occasions, an emergency requiring treatment in a hospital and/or surgery may develop. In most cases, administration of an anesthetic, treatment of an injury, or operation upon an individual cannot be done without consent of the patient. In order to prevent a dangerous delay in an emergency situation in which either the NCC Office of International Programs is unable to contact my parent or guardian, or I am unconscious or otherwise unable to give you my consent, I hereby authorize a NCC faculty leader abroad or appropriate host institution partner/program administrator abroad to secure whatever medical treatment is deemed necessary, including administration of an anesthetic and surgery. I give permission for the persons listed above, as my emergency contacts, to be notified in the case of a medical/mental health emergency while I am abroad.

With my signature, I certify that I have read and understood the information on this NCC Required Health Information Form and the information I provided on this form is complete, true and correct. I also understand that if I submit an incomplete form, it will make it difficult for the Office of International Programs to assist me before and during my study abroad experience. I will notify the Office of International Programs hereafter of any significant or relevant changes in my health that occur before or during my study abroad program. Should it be determined that the information I provided on this form is inaccurate, I understand that disciplinary action may be taken and/or my participation in the program abroad may be cancelled immediately and I will return home at my own expense.

Student's Signature: _____

Printed Name: _____ Date: _____

DUE DATE: This form (pp. 1-7) is due to North Central College Office of International Programs no later than **12:00 PM on Friday, April 1, 2016**. You will receive a copy of your completed form via email for your records.

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Office of International Programs
North Central College

Clinician's Report Form for Study Abroad

To be completed by a physician, psychiatrist, psychologist, counselor, or licensed clinical social worker who has treated this student for the condition described below.

Studying abroad can be an enriching experience, as well as a physically, emotionally and mentally challenging one. Mild or pre-existing conditions can become serious for some students as they transition into an unfamiliar culture and environment.

_____ (student's name) has identified a chronic and/or recurrent health issue.

Please evaluate the physical and/or mental health of this student, who intends to participate in a study abroad program in _____ (study abroad location). The availability of medical services in the country (or countries) and areas where the student will be living/traveling should be considered.

Note to Student: *If you have multiple medical/mental health conditions, a separate form must be submitted for each. Please note that we do not accept reports from clinicians who are related to you.*

I have treated this individual for this condition within

the past six months the past year more than one year ago Specify start date: _____

Diagnosis:

Medications and dosage:

Stability of condition over the past five (5) years:

Stable without treatment/medication Stable with treatment/medication
 Not stable Other (please, explain): _____

In your professional opinion, what conditions should the college consider to optimize the student's success in the program?

Please explain:

To your knowledge, are there any predisposing medical, physical, or emotional factors that, under stress of adjusting to life in another country, may require treatment while the student is abroad? Yes No

If 'yes,' please explain:

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Clinician's Report Form for Study Abroad (continued)

What is the prescribed plan in the event that this health condition becomes an acute/emergency situation overseas?

General recommendations for care of this individual while abroad:

What are the limitations, if any, on this student's participation in a study abroad program?

Clinician's Authorization

I will send along with the student any medical records needed for possible treatment by a clinician or medical facility abroad. Having received permission from the student, I am willing to further discuss problems pertaining to this issue with the NCC Office of International Programs.

Signature of Clinician or Treating Professional:

_____ Date: _____

Printed Name: _____

License: _____ Title: _____

Mailing Address: _____

City: _____ (street) State: _____ Zip Code: _____

Telephone: _____ Fax: _____
(area code or country and city codes) (area code or country and city codes)

Please complete and return to: North Central College, Office of International Programs, Campus Mailbox #276, ATTN: Whitney Ewing, 30 N. Brainard St., Naperville, IL 60540. This form may also be faxed to 630.637.5295.

COMPLETED CLINICIAN'S REPORT FORM(S) ARE DUE TO THE NCC OFFICE OF INTERNATIONAL PROGRAMS NO LATER THAN 5:00 PM ON FRIDAY, May 13, 2016, FOR ALL STUDY ABROAD PROGRAMS BEGINNING IN FALL 2016.