

## MEDICAL CLEARANCE FORM

Read all requirements and instructions carefully. Students must submit the completed form to the student services staff person at the Center they will be attending:

Costa Rica: [Maria.Sandberg@liu.edu](mailto:Maria.Sandberg@liu.edu)

Europe: [Maria.Sandberg@liu.edu](mailto:Maria.Sandberg@liu.edu)

China: [Danyang.Zheng@liu.edu](mailto:Danyang.Zheng@liu.edu)

Asia-Pacific Australia: [Jessica.ORourke@liu.edu](mailto:Jessica.ORourke@liu.edu)

New York: [Carlett.Thomas@liu.edu](mailto:Carlett.Thomas@liu.edu)

\*Keep a copy for your records\*

### PART I: INTRODUCTION FOR STUDENTS AND HEALTH PROVIDERS

Obtaining a health clearance is a mandatory requirement for participation and cannot be waived. We must receive accurate information about your physical and mental ability to participate in the LIU Study Abroad Program. Information that we receive about you is confidential and will be shared only with those who need to know in order to assist you while you are abroad, including, for example, providing emergency or other necessary health care.

#### General Program Description

LIU Global centers are located around the world: Costa Rica, Europe, China, Asia-Pacific Australia, and with international internships in diverse locations, and New York. In addition to classroom instruction, LIU Global students participate in field excursions, community engagement projects, and internships. These field experiences require a certain amount of physical endurance, and the program requires that students possess the physical and mental well-being required to live and study in diverse foreign settings where resources may be different or fewer than those to which they are accustomed. Therefore, students must be able to align their health care needs in these contexts where we cannot guarantee all accommodations. The below is a sample list outlining the types of experiences a student may encounter.

**Asia Pacific Australia:** Bicycling and walking are the most common modes of transportation in country. When on field excursions, use of public transportation, some local travel over rough roads, some boat rides, some hiking, standing for long periods, changes of location affecting energy levels, sleep cycles, and digestion. During Fall Semester in particular: activities may include camping, moderate walks and hikes in National Parks up to 5 hours at a time), climbing/bouldering, swimming, kayaking/canoeing, and snorkeling.

**China:** Use of public transportation. Activities include hiking up and down mountains under altitude of 5,000 feet. Students will visit the edge of the Tibetan Plateau where the altitude is around 10,000 feet -- altitude sickness may occur, but is not a concern.

**Costa Rica:** Use of public transportation, private buses, walking with inconsistent quality of infrastructure, and boat rides. Activities include hiking in the rainforest on narrow, dirt paths; walking on dirt roads in rural areas; tours of farms; assisting with community projects and leading sporting activities. Tropical climate.

**Europe:** Use of public transportation, private buses, and walking. Bicycling and walking are the most common modes of transportation in Alcalá and Florence (uneven pavement – cobblestone streets). There may be stairs to climb in your homestays and apartments, as older buildings often do not have elevators.

**New York:** Use of public transportation, climbing stairs (subway, etc.), and walking.

**Students may be cleared for participation as long as, in the opinion of the examining provider(s), any health condition the student may have is under control, has been stable for a reasonable period, and has a treatment plan in place for required ongoing care while abroad.**

## PART II: MEDICAL HEALTH HISTORY (STUDENTS)

### STUDENT INSTRUCTIONS

You will need to:

1. Comply with the health clearance requirement no later than the date posted on the LIU Global Admitted Applicant Web page <http://www.liu.net.edu/Global/Global-Life/Getting-Started>. Students who are not in compliance may not be approved to participate in or may be dismissed from the program. Students must prepare for and manage their medical condition(s).
2. If you have a disabling condition for which you may be seeking reasonable accommodations to meet the general and/or specific requirements of program participation (as set forth on this form and in the general program description), submit documentation of the disability, along with a request for reasonable accommodations and a copy of this form to: Dr. *Joanne Hyppolite*, Director of Student Support Services, at [joanne.hyppolite@liu.edu](mailto:joanne.hyppolite@liu.edu). For more information about Student Support Services, visit: <http://www.liu.edu/Brooklyn/StudentLife/SSS>.
3. If you have mobility-related issues, you must confer with the director of the center to determine what barriers may exist in and outside of your academic, living and other settings. LIU Global cannot guarantee that services are available, nor can it guarantee the accessibility of transportation vehicles, housing or hotel/hostel accommodations, study sites or the environs to which you may travel.

### Health History

#### Medical Information

School officials will use this information to assist you in preparing for your LIU Global Program. The information provided in this section will *not* be used to determine your eligibility to participate in any LIU Global program.

Please answer all questions completely. Timely disclosure of your health information will allow LIU Global to support your overseas experience effectively. Mild physical or psychological disorders can become serious under the stresses of studying and traveling abroad. Therefore, it is important that you inform LIU Global staff of any medical or emotional conditions, past or current, which might affect your safety and welfare or that of other program participants.

The information provided will be handled confidentially and will be shared with program staff and faculty only to the extent needed to secure health care or disability accommodations or if pertinent to your well-being in a housing placement or academic setting.

#### General Health

1. Do you have any recent or continuing physical health condition(s)?  Yes  No  
If yes, please list below.

If you do, have you made arrangements for continued care while you are in the program?  Yes  No

2. Do you have any recent or continuing behavioral or mental health condition(s)?  Yes  No  
If yes, please list below.

If you do, have you made arrangements for continued care while you are in the program?  Yes  No

3. List any disabling conditions for which you may be seeking reasonable accommodations<sup>1</sup>.

4. Drug/Food Allergies (list and briefly describe reaction) or other dietary restrictions:

5. Are you currently taking any medications?  Yes  No  
*If yes, have you made arrangements for your medication while in the program?*

*Some medications used in the US are not legal in other countries. Be sure to research your destination and the medications you plan to take with you.*

I understand that I am responsible to update this form should I have a change in my health conditions to reassess clearance for participation by a licensed medical provider.

Signature of Participant

Date

Signature of Parent/Guardian (if participant is a minor)

Date

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<sup>1</sup> Please contact Dr. Joanne Hyppolite, Director of Student Support Services, at [Joanne.Hyppolite@liu.edu](mailto:Joanne.Hyppolite@liu.edu) to determine eligibility for reasonable accommodations. There is no guarantee that the requested accommodations are available at the site.

**PART III: MEDICAL CLEARANCE**  
*(completed by general health care provider)*

**Health provider must be licensed in the country where the student is currently located and cannot be an immediate family member of the participant.**

**General Health Care Provider:** I have reviewed the student's health history and performed a physical exam. In consideration of the program description on page 1 of this form, to the best of my knowledge the student is:

- Cleared to study/intern abroad (Please check all that apply):**
- There are no contraindications to participation in the program.
  - The student has a health condition that is under control and has been stable for a reasonable period.
  - Student requires a sufficient supply of medication to last through the duration of the LIU Global program the student has chosen and must ensure that the medication is available and legal.
  - Student has a significant allergy to certain medication(s) and/or certain food(s). Please list:

- Not cleared to study/intern abroad:**
- There are contraindications to participation.
  - The student would need to follow the physician's guidelines. If clearance is determined at a later date, the general practitioner and specialist would need to sign off on approval.  
**Note to student: If the physician marks this box, do not submit this form to the University unless the physician determines the student is cleared at a later date.**

Additional Physician/Health Provider's Comments (please print):

Licensed Physician/Health Provider \* (PLEASE PRINT CLEARLY OR STAMP)

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

REQUIRED: Place Address Stamp Here.

**PART IV: SPECIALISTS' MEDICAL CLEARANCE**  
*(completed by Specialized, Licensed Health Practitioner(s))*  
**If you are seeing more than one specialist, please print out and have each specialist complete this page.**

**Health provider must be licensed in the country where the student is currently located and cannot be an immediate family member of the participant.**

**Specialist: Specialized, Licensed Health Practitioner (if applicable):** I have reviewed the student's health history and performed a physical exam. In consideration of the program description on page 1 of this form, to the best of my knowledge the student is:

**Cleared to study/intern abroad (Please check all that apply):**

- There are no contraindications to participation in the program.
- The student has a health condition that is under control and has been stable for a reasonable period.
- Student requires a sufficient supply of medication to last through the duration of the LIU Global program the student has chosen and must ensure that the medication is available and legal.
- Student has a significant allergy to certain medication(s) and/or certain food(s). Please list:

**Not cleared to study/intern abroad:**

- There are contraindications to participation.
- The student would need to follow the physician's guidelines. If clearance is determined at a later date, the general practitioner and specialist would need to sign off on approval.  
**Note to student: If the physician marks this, do not submit this form to the University unless the physician determines the student is cleared at a later date.**

Additional Physician/Health Provider's Comments (please print):

Licensed Physician/Health Provider \* (PLEASE PRINT CLEARLY OR STAMP)

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REQUIRED: Place Address Stamp Here.**