

Section 1: Student Details

First and Last Name: _____ Student ID #: _____ UC Campus: _____

Program Type: UCEAP UCSC Partner Program UCSC Global Seminar UCSC Global Internship

Program Title: _____ Program Country: _____ Program Term (e.g., Fall 2023): _____

Section 2: Health Care Providers

HEALTH CARE PROVIDERS must be licensed to practice and cannot be an immediate family member. AMA Code of Ethics E-8.19. Check either 1 or 2 in the appropriate box below. Only disclose necessary and relevant information to the UCSC/UCEAP health clearance process.

I have reviewed the student's self-reported health history and available medical records. Based on the information provided to me by the student, a review of their available medical records, specialist recommendations provided (if applicable), and knowledge of the student's UCEAP or UCSC Global Learning program destination, to the best of my knowledge, the student is:

Licensed Specialist or Psychotherapist

Section and signature only required if a student is being treated by one.

1. Cleared (check all that apply)
- 1a. No medical or psychiatric contraindications to UCEAP or UCSC Global Learning participation.
 - 1.b Student advised to arrange services to facilitate education (e.g., note-taking, wheelchair access). A letter from the UC disability services office documenting the disability and indicating who will pay for services is required.
 - 1.c Student strongly advised to continue treatment abroad. (e.g., counseling, medical monitoring)
 - Student has a treatment plan
 - Student is stable.
 - 1.d Student advised to find out if medication (or appropriate substitute) is locally available. Student advised to carry a sufficient supply to last through entire program (if allowed by customs).
 - 1.e Additional details attached in a separate letter regarding student's condition.
2. Not Cleared: There are medical or psychiatric contraindications to UCEAP or UCSC Global Learning participation.

Licensed Specialist :

Name: _____ Credentials: _____

Date: _____ Phone Number: _____

Signature: _____

Clearing practitioner stamp or business card here:

Licensed General Practitioner

Section and signature is required for all students. (MD, DO, NP, RN or PA).

1. Cleared (check all that apply)
- 1a. No medical or psychiatric contraindications to UCEAP or UCSC Global Learning participation.
 - 1.b Student advised to arrange services to facilitate education (e.g., note-taking, wheelchair access). A letter from the UC disability services office documenting the disability and indicating who will pay for services is required.
 - 1.c Student strongly advised to continue treatment abroad. (e.g., counseling, medical monitoring)
 - Student has a treatment plan
 - Student is stable.
 - 1.d Student advised to find out if medication (or appropriate substitute) is locally available. Student advised to carry a sufficient supply to last through entire program (if allowed by customs).
 - 1.e Additional details attached in a separate letter regarding student's condition.
2. Not Cleared: There are medical or psychiatric contraindications to UCEAP or UCSC Global Learning participation.

Licensed Specialist:

Name: _____ Credentials: _____

Date: _____ Phone Number: _____

Signature: _____

Clearing practitioner stamp or business card here:

Section 3: Submitting the Clearance

UCEAP Programs: Submit the completed form by email by the deadline outlined in the UCEAP Portal : healthclearance@uceap.universityofcalifornia.edu*

UCSC Global Learning (all other program types): Upload the completed form to the Health Clearance Pre-Departure Module in the Global Learning Portal.