NMSU Office of Education Abroad
Confidential Health History Form

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A health evaluation ideally should be completed 12 weeks before departure. IF YOU DO NOT COMPLETE THE EVALUATION AS REQUIRED, YOU MAY NOT BE APPROVED TO PARTICIPATE IN, OR MAY BE DISMISSED FROM, a NMSU study abroad program. This form and a review of your medical record on file will be used during the health evaluation. NMSU Campus Health (CHC) or your primary healthcare provider (PHP) must be informed of any recent medical or special needs or changes in health that occur before the start of the program. Failure to provide complete and accurate information may be grounds for non-participation in a study abroad program. If you receive a Certificate of Health for Education Abroad before a change in health occurs that may restrict or prevent your participation, you must return to the examining provider for further evaluation.

Fill in this form **COMPLETELY AND ACCURATELY BEFORE** your medical appointment. Failure to disclose health problems may have serious medical consequences while abroad.

PRINT: ____

Last name   First   Middle   Aggie ID #

Program: □ Independent Study Abroad   □ FLIP   □ Other ____________________________________

Country:_____________________________Departure Date: ______________Return Date:____________

GENERAL HEALTH (ANSWER YES OR NO TO ALL QUESTIONS- DO NOT LEAVE ANY BLANKS):

1. Are you currently under the care of a doctor or other healthcare provider, including care for psychological conditions? □**Yes (If Yes, fill in info below)** □**No**

Provider's Name: ____

Address:____ Phone:____________________

For what condition(s):

____

____

2. Do you have any recent or continuing health problems including conditions you are not seeing a doctor for?
   □ **Yes (list below)** □ **No**

____

3. Do you have any physical or learning disabilities and/or need facilitative services (note takers)?
   □ **Yes (list below)** □ **No**

____

4. Do you smoke (cigarettes, hookah, marijuana, electronic cig., etc.)? □ **Yes (list what type and frequency below)** □ **No**

____

5. Do you drink alcohol or use recreational drugs? □ **Yes (list what type and frequency below)** □ **No**

____

6. Have you had any surgeries? □ **Yes (list what type and year below)** □ **No**

____

7. Have you traveled abroad before? □ **Yes** □ **No** & Do you have any concerns about traveling abroad? □ **Yes (list what type below)** □ **No**

____

8. MEDICAL HISTORY: Complete below

	Y	N	Date		Y	N	Date		Y	N	Date
Headaches				Ulcer/Colitis				Back/Joint problems			
Epilepsy/Seizures				Hepatitis/Gallbladder				High blood pressure			
Asthma/Lung disease				Bladder/Kidney problems				Thyroid problems			
Heart disease				Diabetes				Recurrent, chronic infectious diseases			
Anemia/Bleeding disorder				Cancer/Tumors				Other (List)			
Psoriasis				Thymectomy							
Autoimmune Disorder				Splenectomy							

9. Are you allergic to any medications? □ **Yes (list below)** □ **No**

____

10. Are you taking any medications including prescription, over the counter, and as needed (inhaler, epipen)?
□ **Yes (list below)** □ **No**

____

11. MENTAL HEALTH HISTORY: Complete below including whether or not you received treatment/hospitalization

	Y	N	Please explain any "Yes" answers
Any mental health condition, such as depression/anxiety			
Substance abuse (alcohol or drugs)			
Eating disorder (anorexia/bulimia)			
Are you taking/have ever taken medication for above problems?			

Please read each item carefully and mark the square under the category which best describes your current situation.

	Never	**Rarely**	**Sometimes**	**Frequently**	**Almost Always**	**Do Not Mark Below**
1. I am a happy person	□	□	□	□	□	
2. I am satisfied with my life	□	□	□	□	□	
3. I am satisfied with my relationships with others	□	□	□	□	□	
4. I feel loved and wanted	□	□	□	□	□	
5. I feel my love relationships are full and complete	□	□	□	□	□	
6. I feel fearful	□	□	□	□	□	
7. I feel something is wrong with my mind	□	□	□	□	□	
8. I feel blue	□	□	□	□	□	
9. I feel lonely	□	□	□	□	□	
10. I feel stressed at work/school	□	□	□	□	□	

SCORE:

____I certify that all my responses on this form are complete, true, and accurate.
____I understand that if there are any changes in my health after my signature, I will contact CHC or my PHP provider immediately.
____I understand that if I withhold information from this form I may be withdrawn from my study abroad program.
____I consent to allow the Campus Health Center or my PHP to disclose/release any medical/psychological information to the Study Abroad office.

Student's Signature: ____Date:______________________

NMSU Office of Education Abroad-Certificate of Health for Education Abroad

To be filled out by Healthcare Provider. Undersigned healthcare provider should not be patient's immediate family member (AMA Code of Medical Ethics, Op. 8.19).

____

Study-abroad program (Independent, FLIP, etc.) and dates of travel

____

Student/Participant printed name and NMSU ID number

____

Student/Participant emergency contact: name, city, state, area code/phone number, e-mail address (**please print legibly**)

I, the undersigned health care provider, have reviewed the patient's Confidential Health History Form, and any medical records on file, with the patient. Based on the information provided to me by the patient on the Confidential Health History Form, and following a review of the Form and discussion with the patient of his/her health history, to the best of my knowledge:

1. _____ The patient has no current medical problem that restricts or prevents participation in this study-abroad trip.

    a. _____ Patient instructed to find out if his/her medication (OTC meds, birth control, acne meds, PRN inhalers, etc.) is legal and available abroad, or if there is an appropriate substitute. If legal, but not locally available, patient advised to arrange for or to take a sufficient supply to last throughout the Program.

2. _____ The patient has a current medical problem, but it is not expected to restrict or prevent participation in this study-abroad trip if the patient manages it as advised below. Medical problems and concerns were addressed, and patient was educated on the use of any medication needed to control on-going medical condition(s) during the trip.

    a. _____ Patient instructed to find out if his/her medication is legal and available abroad, or if there is an appropriate substitute. If legal, but not locally available, patient advised to arrange for or to take a sufficient supply to last throughout the Program.

3. _____ The patient has a current medical condition that may restrict or prevent participation in the Program. Based on medical history, patient was instructed to consult with an appropriate medical and/or mental healthcare provider for further evaluation to determine fitness for participation in the Program. **Patient must request a letter** from the consulting medical and/or mental healthcare provider(s) to the study abroad Program Leader indicating whether or not the medical problem restricts or prevents participation. Failure to provide the letter will result in immediate withdrawal from the program.

    a.____ Patient's was referred for further evaluation

    b.____Patient advised to arrange and meet with prescribing provider (PCP, Psychiatric Practitioner) or therapist/counselor if receiving care from another facility/practitioner (other than the undersigned)

    c.____Patient instructed to arrange services to facilitate education (e.g., note-taking, wheelchair access). **Patient must request a letter** from NMSU Student Accessibility Services to the Program Leader documenting disability and indicating who will pay for services. Accommodations for student mobility are the student's responsibility. http://miusa.org

    d.____Patient instructed to find out if his/her medication is legal and available abroad, or if there is an appropriate substitute. If legal, but not locally available, patient advised to arrange for or to take a sufficient supply to last throughout the Program.

4.______The patient was given a copy of immunization recommendations and/or requirements for their Country and instructed to schedule an appointment with Campus Health or outside facility. Immunizations are optional unless traveling to Yellow Fever risk area. The patient was instructed on benefits, risks of not getting immunized, risks of not allowing enough time to receive shots before trip. Patient was also instructed on food and water precautions, traveler's diarrhea, and mosquito-borne diseases.

To be filled out by a Licensed Physician/Health Care Provider, MD, PA, NP, DO

______________________________	______________________________	________________
Typed/printed name and license	Practitioner Signature	Date

____

Mailing address Phone #

Student/participant signature acknowledging receipt of this certificate ______________________________Date__________