

The University of Utah
Health Clearance Form for International Travelers

TRAVELER INSTRUCTIONS

1. Make an appointment with a healthcare provider. The healthcare provider must be licensed to practice in the United States.
2. Fill out the Travel Health Questionnaire in the post-decision steps of your application. Print a copy of your completed questionnaire.
3. Print out a copy of this Health Clearance Form.
4. Take these two printed documents with you to your appointment. Be sure to complete the Traveler Information section at the top of the Health Clearance Form.
5. You must ensure that the completed and fully signed Health Clearance Form is emailed or faxed to the University of Utah using the instructions on the form. **The form must be submitted to the University by your healthcare provider. Travelers will not submit the form directly to the University.**
6. Check your Umail for confirmation that your Health Clearance Form was received.

HEALTHCARE PROVIDER INSTRUCTIONS/GUIDELINES

Travelers participating in international activities sponsored by the University of Utah must receive clearance to travel by a healthcare provider. When determining the traveler's clearance status, please include the following considerations:

1. Review the Travel Health Questionnaire completed by the traveler. Pay special attention to the Participation Requirements for international travelers (part of the questionnaire).
2. Discuss/review the traveler's health history, paying particular attention to medication that the traveler may need, allergies, mental and emotional health concerns, and all currently active physical health problems.
3. Pay special attention to any chronic health conditions, and any medications with which the traveler plans to travel. Travelers may be cleared with medical conditions provided that they are in compliance with, and stable on, their medication(s).
4. Please explain to the traveler that they need to take a sufficient amount of medication to last for the duration of their travel, and/or verify that the medication is available and legal in the host country.
5. Assess the need for any continued healthcare, counseling or laboratory testing while abroad so that the traveler can determine the availability of adequate facilities in the host country.
6. Please communicate to the traveler recommendations for visiting a specialized travel clinic. A list of local travel clinics can be found at: <http://www.learningabroad.utah.edu/handbook/health.php#immune>.
7. Any questions that you have about this form or the activities in which the traveler will participate can be directed to the University of Utah - Global Risk Management (801-581-4042, 801-587-8888)

The completed Health Clearance Form must be submitted to the University of Utah directly from the healthcare provider. Travelers will not submit the Health Clearance Form directly to the University. Forms can be emailed to LAHealth@utah.edu or faxed to 801-649-0952.

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Health Clearance Form for International Travelers

PLEASE PRINT CLEARLY WITH A BLUE OR BLACK PEN. ALL LINES AND APPLICABLE BOXES MUST BE COMPLETED.

TRAVELER INFORMATION: Completed by the Traveler

_____	_____	From / / to / /
FIRST AND LAST NAME OF TRAVELER	uNID	DATES OF TRAVEL (MM/DD/YY)
_____	_____	
PROGRAM NAME (PROGRAM OR HOST UNIVERSITY)	LOCATION OF PROGRAM (CITY, COUNTRY)	
_____	_____	
PROGRAM NAME (PROGRAM OR HOST UNIVERSITY)	LOCATION OF PROGRAM (CITY, COUNTRY)	
_____	_____	
PROGRAM NAME (PROGRAM OR HOST UNIVERSITY)	LOCATION OF PROGRAM (CITY, COUNTRY)	
<input type="checkbox"/> I have read the TRAVELER instructions and disclosed ALL known health history to the healthcare provider.	_____	/ /
	TRAVELER SIGNATURE	DATE (MM/DD/YY)

CLEARANCE: Completed by the Healthcare Provider

Healthcare Provider must be licensed in the U.S. and cannot be an immediate family member (AMA Code of Ethics E-819)

1. See **Healthcare Provider Instructions/Guidelines prior** to completing this form.
2. After reviewing the traveler's health history and performing an appropriate medical exam, review these with the traveler and discuss their ability to travel and live abroad. Then, complete the clearance section of this form.
3. **If you require additional information to clear the traveler for this activity**, please indicate this below and submit the form. Upon receipt of the required information and/or a follow up appointment with the traveler, please **re-submit an updated Health Clearance Form**.
4. Please forward this form directly to the University of Utah.*

I have reviewed the traveler's health history and travel health questionnaire provided by the traveler. Based upon this information, to the best of my knowledge, the traveler is:

- Cleared to travel: Any health condition the traveler may have is under control and has been stable (including any medication required) for a reasonable period.
- NOT cleared to learning/intern abroad:
 - There are contraindications to participation.
 - More information needed before final decision can be made.

Licensed Healthcare Provider (PLEASE PRINT CLEARLY OR STAMP)

SIGNATURE (REQUIRED)

NAME

() -

PHONE NUMBER

DATE (MM/DD/YY)

<< Place Address Stamp Here >>

*DO NOT RETURN TO TRAVELER. Upon completion, email or fax this form to the University of Utah.

Email: LAHealth@utah.edu

Fax: 801-649-0952

SENT: / /
DATE (MM/DD/YY) INITIALS