SIT SCHOOL FOR INTERNATIONAL TRAINING
STUDY ABROAD

Health Form Instructions

School for International Training • studyabroad.sit.edu
studenthealth@sit.edu • Tel 802 258-3579 • Fax 802 258-3509

The Personal Health History form (Part I) must be submitted within **TWO WEEKS** of your offer of admission. Part I is to be completed online by logging in to the Student Portal under "Confirmation Materials." The Health Report & Examination form (Part II) must be completed by the confirmation materials' due date. If this is not possible, then please let us know the date of your doctor's appointment for the completion of Part II. **Your completed health form must be received no later than November 15** for Spring programs, **June 15** for Fall programs, or **April 15** for Summer programs. Please upload the health form to the Admissions portal or fax it to 802 258-3509.

The guidelines below will assist you in completing your health form. Please be advised that leaving anything blank on your health form will delay your health clearance. Your health form will not be reviewed until all completed parts are received. Complete name and program at the top of all pages. Only SIT Study Abroad health forms will be accepted.

Please be sure to make a copy of the completed health form for your records.

Personal Health History (Part I)

- To be completed by the student. Answer all questions in this section and submit with the rest of your confirmation materials.
- Immunization history is to be recorded in Part I. These records can usually be obtained from your physician's office, high school, university health center, or parents.
- Please keep a copy of Part I for yourself and take it to the medical provider, who completes Part II.

Health Report & Examination (Part II)

- The completion of Part II must be based upon a physical examination conducted within 12 months of your program's start date.
- Part II is to be completed and signed by your medical provider—a physician, nurse practitioner or physician assistant.

Please note: We do not accept reports completed by a healthcare provider who is related to you.

Supplemental Health Form

Further Health Information (Part IIIA)

- To be completed by applicable medical specialist if requested by SIT.

Counseling & Mental Health (Part IIIB)

- To be completed by the applicable mental health specialist who has provided services to the student if the student has received counseling/therapy services within the past 6 months OR if requested by SIT.

Please review the CDC recommendations of each country that you will be studying abroad with SIT and see a travel doctor for recommendations on immunizations, vaccines & prophylaxis. It is helpful to print your health guidelines & carry it with you to your appointment so you may review information with your healthcare provider. **Malaria prophylaxis** should be considered for the countries with identified malaria risk.

CHANGE OF STATUS: You are responsible for notifying SIT immediately of any changes in your health history prior to your departure or while on the program.

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Health Report & Examination (Part II)

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Student Name_____ Date of Birth_____ Program_____

To the Examining Physician: SIT Study Abroad offers programs in all parts of the world, including remote areas of Africa, Asia, and Latin America. The type of program can vary—some include physically demanding components. All students will be fully active in the culture. Many will live with a family for a protracted period of time in varying conditions of sanitation and proximity to Western-style health facilities and psychological services. For these reasons you are asked to carefully consider the applicant's general fitness and physical and mental health in relation to the country, the type of program, and the conditions in which the applicant will be living. This information is strictly for the use of SIT Study Abroad and will not be released without the applicant's consent.

Please fax immediately to 802 258-3509.

Helpful Tips As You Complete This Form

1. Review Part I (student-reported Personal Health History) & verify completeness & accuracy.
2. Summarize medical & mental health issues below.
3. Provide basic health evaluation.
4. Review participant's itinerary & immunization/vaccination requirements.
5. Recommend for or against participation.

Summary of Health Issues

This list should explain all medications the participant is currently taking and/or bringing with them.

Allergies: _____

If none, please write "N/A" for allergies and diagnoses.

Diagnosis	Name of Medication	Recommended Plan, if condition worsens

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Health Report and Examination (Part II)

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Student Name_____ Date of Birth_____ Program_____

Basic Physical Examination

Height:	
Weight:	
BMI (Body Mass Index):	
Blood Pressure:	
Pregnancy Test (if indicated):	Positive ☐ Negative ☐
HgbA1c (if diabetic):	

Any notable abnormal physical exam findings:_____

_____

_____

Please review the CDC recommendations (wwwnc.cdc.gov/travel/destinations/list) of each country the student will be visiting and provide recommendations on immunizations, vaccines & prophylaxis. **Malaria prophylaxis** should be considered for the countries on the itinerary with identified malaria risk.

If participant is currently under the care of a medical specialist, the Further Health Information medical form (Part IIIA) must be completed by that provider if requested.

If participant is currently under the care of a mental health provider or counselor, the Counseling & Mental Health form (Part IIIB) must be completed by each mental health provider, if requested.

Licensed Medical Professional's Recommendation

Please check one of the following:

☐ **Student is able to participate fully with no reservations.**

☐ **Student may be able to participate, but with some difficulty or caveats.**
(Please ensure your concerns, including specific reasons, are detailed in summary above)

☐ **Participation is not recommended.**
(Please ensure your concerns, including specific reasons, are detailed in summary above)

Provider Information

Name of Physician, PA, NP *(please print)*:_____ Phone:_____

Name of Practice:_____ Email:_____

Signature:_____ Date of Exam:_____

Thank you for providing a clear, honest, & concise assessment of this participant's health status.

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Further Health Information (Part IIIA)

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Student Name_____ Date of Birth_____ Program_____

To the Specialty Medical Provider (Physician, NP, PA):

Studying abroad can be an enriching experience as well as a physically and mentally challenging one. Mild or pre-existing health conditions can become serious for some students as they transition into an unfamiliar culture and environment. For this reason, we encourage all students to fully disclose their health history so that we can prepare them properly for their experience, make arrangements for any special accommodations if necessary, and in some cases, assess whether there may be any health reasons that an applicant should consider another program.

In order to ensure the applicant's well being, we expect full disclosure of any health history that could be potentially problematic for a student overseas. Please give as much detail as possible in answering the following questions.

1. Review student-reported medical information (Part I) and verify completeness & accuracy.
2. Provide a detailed summary of medical issues for which you provide care for the student. You may also include a consultation summary.
3. Recommend for or against participation.

Please fax immediately to 802 258-3509.

Diagnosis:

_____

_____

Recent History of Illness:

_____

_____

Ongoing treatment that is anticipated to continue during the program:

_____

_____

Risk of this condition needing **additional** care during program: ☐ High ☐ Medium ☐ Low

What might this care consist of?

_____

_____

List any limitations, reservations, or other comments, to include recommendations if condition worsens:

_____

_____

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Student Name_____ Date of Birth_____ Program_____

Licensed Medical Professional's Recommendation

Please check one of the following:

☐ **Student is able to participate fully with no reservations.**

☐ **Student may be able to participate, but with some difficulty or caveats.**
(Please ensure your concerns, including specific reasons, are detailed in summary above)

☐ **Participation is not recommended.**
(Please ensure your concerns, including specific reasons, are detailed in summary above)

☐ **Having received permission from said student, I am willing to further discuss problems pertaining to this issue with the professional staff of SIT Study Abroad.**

Provider Information

Name of Physician, PA, NP *(please print)*:_____ Phone:_____

Name of Practice:_____ Email:_____

Signature:_____ Date of Exam:_____

Thank you for providing a clear, honest, & concise assessment of this participant's health status.

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Counseling & Mental Health (Part IIIB)

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Student Name_____ Date of Birth_____ Program_____

To the Appropriate Mental Health Professional (Physician, NP, PA):

Studying abroad can be an enriching experience as well as a physically and mentally challenging one. Mild or pre-existing health conditions can become serious for some students as they transition into an unfamiliar culture and environment. We encourage all students to fully disclose their health history so that we can prepare them properly for their experience, plan for any accommodations if necessary, and in some cases, assess whether there may be any health reasons that an applicant should consider another program. SIT programs are not therapeutic programs and while our field staff are well-trained, they are not mental health professionals. For this reason, we expect students to effectively communicate to staff if they are experiencing distress or need assistance and manage their stress levels by practicing good self-care.

In order to ensure the applicant's well being, we expect full disclosure of any health history that could be potentially problematic for a student overseas. Please give as much detail as possible in answering the following questions.

Please fax immediately to 802 258-3509.

Please include appropriate relevant medical records and any information necessary for medical personnel overseas who might be treating this student. Please use additional paper if necessary.

Describe, in as much detail as possible, the relevant mental health condition and/or precipitating event(s) that led the applicant to seek counseling. State DSM-5 diagnosis(es) if applicable; please list the applicant's specific symptoms.

When did the applicant experience this condition, and when was the applicant diagnosed? Please list specific dates.

How was this condition treated and for how long? Include dates and type of treatment, name and dosage of medication(s) etc.

Describe any triggers that might lead to the recurrence of symptoms.

List specific coping strategies that this applicant has used for this condition and other stressful situations.

Counseling & Mental Health (Part IIIB) *(continued)*

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Student Name_____ Date of Birth_____ Program_____

Are there any current problems or concerns regarding this condition? If so, please explain, along with any recommendations.

_____

_____

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

_____

_____

Ongoing treatment that is anticipated to continue during the program:

_____

_____

Risk of this condition needing **additional** care during program: ☐ High ☐ Medium ☐ Low

What might this care consist of?

_____

_____

What are the limitations, if any, on this applicant's participation in an extremely rigorous (emotionally and physically) overseas program?

_____

_____

Licensed Mental Health Professional's Recommendations

Please check one of the following:

☐ **Student is able to participate fully with no reservations.**

☐ **Student may be able to participate, but with some difficulty or caveats.**
(Please ensure your concerns, including specific reasons, are detailed in summary above)

☐ **Participation is not recommended.**
(Please ensure your concerns, including specific reasons, are detailed in summary above)

☐ **Having received permission from said student, I am willing to further discuss problems pertaining to this issue with the professional staff of SIT Study Abroad.**

Provider Information

Name *(please print)*:_____ Specialty:_____

Name of Practice:_____

Email:_____ Phone:_____

Signature:_____ Date:_____