

Section 1: Student Details

First and Last Name:	Email Address:	Student ID #:	UC Campus:
Select your program type:	UCEAP <input type="checkbox"/>	UCSC Partner Program <input type="checkbox"/>	UCSC Global Seminar <input type="checkbox"/>
			UCSC Global Internship <input type="checkbox"/>
Program Title:	Program Country:	Program Term (e.g., Fall 2023):	
Are you doing two programs back to back? If so, share the name, term and location of your second program:			
Are you compliant with the UC COVID-19 Policy Vaccine Mandate by either being fully vaccinated as defined by your UC campus, OR receiving a UC Approved Exception or Deferral:			
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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 and Credentials):

Date: _____ **Phone Number:** _____

Signature:

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 and Credentials):

Date: _____ **Phone Number:** _____

Signature:

Clearing practitioner stamp or business card here:

Section 3: How to Submit

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

UCSC Global Learning: Upload the completed form to the Health Clearance Pre-Departure Module in the Global Learning Portal.

**NOTE: Using non-encrypted email to send your completed health clearance is not private or secure. Also, there is a possibility that the email could be intercepted and read by others whom you did not intend to receive it. If you are a UCEAP student and would prefer to send your document via eFax you can use (805) 893 3021. This is a secure, HIPAA-compliant eFax portal.*