

Student Health Review Process & Emergency Information Form

Please submit **Page 6 & 7: Emergency Information Summary Form** AFTER your acceptance to your study abroad program is confirmed.

Name: _____ Phone: _____

Evergreen ID: _____ Age: _____ Birthdate: ____/____/____
Month Day Year

Study Abroad Program/ILC/etc: _____

Faculty, if any: _____

Destination Countries: _____

Travel Date Start: _____ Return: (est. OK) _____

Step 1: The countries you are visiting all have some kind of health risks. It is very important that you make yourself aware of these risks so that you may take precautions, such as: immunizations, preventive medications, insect protections, avoidance strategies, food & water safety, preparing for environmental and climate risks, among others. Use these resources to understand the various health risks that you may encounter:

- **International Organization for Medical Assistance to Travelers:** Join for free. <https://www.iamat.org/>
- **U.S. Centers for Disease Control:** <https://www.cdc.gov/>
- **World Health Organization:** <http://www.who.int/home>
- **U.S. State Department: Country Information:** <https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages.html>
- **U.S. State Department: Your Health Abroad:** <https://travel.state.gov/content/travel/en/international-travel/before-you-go/your-health-abroad.html>
- **Travel Health Apps:** <http://www.globaltravelerusa.com/stay-safe-and-healthy-with-mobile-travel-apps/>

Step 2: Use the **Worksheet and Links** below to review your health conditions for your planned study abroad situation. Remember that anything that has been a health concern for you in the U.S. is likely to continue, or be even more challenging when studying abroad. Most sections have links to helpful websites to help inform you of risks and strategies for staying healthy or seeking assistance. Begins on Page 2.

Step 3: We strongly recommend you consult with one of the following as part of your health and safety planning. Your completed Student Health Review will assist your health provider in advising you for your destinations. Note however that Evergreen does not require your health provider signature or approval as part of this process.

- Your personal health provider.
- Your personal mental health provider.
- Evergreen Student Wellness Services: Travel Consultation <http://www.evergreen.edu/health/travel-consult>
- Evergreen Student Wellness Services: Travel Immunization Services (See link above)
- Evergreen Student Wellness Services: Counseling Services <http://www.evergreen.edu/health/counseling>
- Evergreen Access Services: www.evergreen.edu/access and www.miusa.org

Step 4: Complete the **Emergency Information Summary Form** for Staff, Faculty, and Providers. Make a copy for personal reference, and turn **this form ONLY** into the Office of International Programs as required. **You are strongly advised to keep this completed worksheet with your important travel documents as a reference for emergencies.**

A. Physical Constraints: Do you have any physical or mobility constraints that might affect your ability to participate in study abroad program activities (e.g. that affect your ability to walk, climb stairs, carry luggage, or sit or stand for long periods). If yes, please describe the condition, its impact on your daily activities and how you plan to manage it while abroad. How will your country destination support or challenge these constraints?

___ No ___ Yes, the following:

Condition _____

Plan _____

B. Disabilities: Do you have a disability documented with Evergreen’s Access Services Office for which you intend to request reasonable accommodation for your time abroad? Has a plan been established? If not, you will need to contact Access Services to discuss your disability-related request well in advance of the start date of your program. At least six weeks lead time is recommended so that Evergreen faculty and staff have sufficient time to make overseas accommodations, if necessary.

- **Mobility International:** Disability Planning: <http://www.miusa.org/>
- **Access Services:** <https://www.evergreen.edu/access>

___ No ___ Yes, the following:

Condition _____

Needs _____

C. Health Condition: Do you have a health condition, (e.g. pregnancy), an injury (e.g. broken bone), or an illness (e.g. diabetes, asthma, seizures) that will require monitoring or continued treatment while abroad? If yes, please describe the condition and your plan for monitoring, treatment and care while abroad. What support services will you need to access at your destination? Note that visas for some countries require tests results for such things as Tuberculosis or HIV, for example.

- **US Embassy Locator:** <https://www.usembassy.gov/>, US Citizen Services – Local Resources – Medical Assistance Lists
- **Health Care Abroad:** <https://wwwnc.cdc.gov/travel/page/getting-health-care-abroad/>
- **Your insurance website:** May have links to country destinations with detailed health information and resources.

___ No ___ Yes, the following:

Condition _____

Plan _____

D. Mental Health: Do you have a mental health condition (e.g. depression, anxiety, addiction, substance abuse, eating disorder, post-traumatic stress disorder) that may require continued treatment or management while abroad? If yes, describe the condition and your plan for treatment or management while abroad. What support services will you need to access at your destination? Does your insurance cover treatment while studying abroad? If so, how do you access it?

- **E-Library & Tip Sheets:** <https://www.iamat.org/elibrary>
- **Mobility International:** <http://www.miusa.org/resource/tipsheet/mentalhealthprep>
- **Student Advice:** <https://www.diversityabroad.com/study-abroad/articles/managing-mental-health-abroad>

___ No ___ Yes, the following:

Condition _____

Plan _____

E. Allergies: Do you have any dangerous or life threatening drug, food, or insect allergies that may cause a severe physical reaction (e.g., swelling, difficulty breathing, hives, vomiting)? If yes, please explain and describe any ongoing treatment or special precautions you intend to take while abroad (e.g. epipen). How common are any food allergy items in the destination culture? What dangerous insects are present at your destination?

- **Food Allergies:** <https://www.foodallergy.org/life-with-food-allergies>
- **Allergy Translator App:** <http://allergyft.com/>
- **Travel Safely with Food Allergies:** <https://www.iamat.org/elibrary/view/id/200161>
- **Travel Doctor:** <http://www.traveldoctor.co.uk/stings.htm>

___ No ___ Yes, the following:

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Concern _____

Plan _____

F. Dietary Restrictions: Do you have any dietary restrictions to plan for? (gluten free, vegan, diabetic, food allergies, etc). Have you researched availability of important food preferences for your destination? How will you inform any host families you plan to stay with? Do you have a history of any eating disorders that might affect your experience? (anorexia, bulimia, etc)

- **Dietary:** <https://www.cheapflights.com/news/how-to-travel-well-with-dietary-restrictions>
- **Gluten Free:** <https://glutenfreepassport.com/>

___ No ___ Yes, the following:

Dietary Concern _____

Plan _____

G. Prescription Medications: Are there any medications (e.g. inhaler, anti-depressant, insulin, pain medication, birth control) that you will need to take while you are abroad?

- Prepare a list of your medications by brand and generic names (used internationally).
- Plan to bring an adequate supply in the original container and a prescription for refills from your physician with a letter of explanation of your condition and dosage information. Do not plan on mailing medications from the U.S. to your destination. Consult with your insurance provider, who may have additional resources or advice. <https://www.iamat.org/blog/what-you-need-to-know-about-travelling-with-medications/>
- Some medications available in the U.S. are illegal or prohibited abroad. Determine what restrictions may exist, or what alternatives may be available. Contact the local embassy or consulate for detailed lists of prohibited medications and/or approved ways to bring medications into the country. <http://www.incb.org/incb/en/travellers/country-regulations.html>

___ No ___ Yes, the following prescriptions:

1. _____

2. _____

3. _____

4. _____

5. _____

H. Medical Devices: Will you use any medical devices while abroad? (inhaler, glasses, contact lenses, injections, C-PAP machine, wheelchair, hearing aids, prosthetics, etc.) Are you prepared for customs regulations, transport and maintenance of devices? (batteries, back-ups, plug adaptors, voltage/current conversion, replacement, baggage fees, prescriptions, repair, etc.)

___ No ___ Yes, the following

Devices _____

Plan _____

I. Immunizations: Immunizations or preventatives for some serious infectious diseases are recommended or required for certain travel destinations (e.g. cholera, typhoid, yellow fever, rabies, malaria), and updates on standard childhood immunizations (e.g. tetanus, MMR, pertussis) or other diseases (hepatitis) can be important when traveling. Consult the U.S. Centers for Disease Control's website or the Evergreen Wellness Center for vaccination requirements, recommendations and alternative prevention strategies for your travel destination, and take steps appropriate to your health as required for the trip.

- **Center for Disease Control:** <https://wwwnc.cdc.gov/travel>
- **IAMAT:** <https://www.iamat.org/>
- **Evergreen SWS Travel Consultation:** <http://www.evergreen.edu/health/travel-consult>

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J. Sexual Health: What is your plan regarding sexual activity? What social attitudes or legal issues exist in the host country? What is the prevalence of common sexually transmitted diseases? What are the stats on HIV/AIDS infection? Are condoms or other birth control measures readily available in the host country? What is the reliability/reputation/safety of dating websites?

- Sexually Transmitted Disease: <https://wwwnc.cdc.gov/travel/page/std>

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K. LGBTQ Travelers: What are the social attitudes towards being LGBTQ in your host country? Will you choose to be open about your orientation or not? Are there organizational resources for LGBTQ students? What is the cultural scene regarding LGBTQ dating? Are there passport issues to consider if transgender? What housing, host family, or bathroom use issues do you need to consider? Are there safety or legal issues for LGBTQ individuals in this country?

- **ILGA:** <https://ilga.org/>
- **Outright International:** <https://www.outrightinternational.org/>
- **Transgender Equality:** <https://transequality.org/>
- **Diversity Abroad:** <https://www.diversityabroad.com/guides/diversity-and-inclusion-abroad-guide/lgbtq-students-abroad>
- **US State Dept:** <https://travel.state.gov/content/travel/en/international-travel/before-you-go/travelers-with-special-considerations/lgbti.html>

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L. Insurance: Evergreen requires that you have medical insurance that covers you while studying abroad, but allows you to choose your own plan. Plans vary greatly, but it can be important to choose insurance that best supports your health profile and anticipated needs in your specific destination. Mental health coverage, pre-existing conditions coverage, exclusions, prescriptions, deductible amounts, and claims processes are important to understand. Choose wisely and understand how your insurance works so that you can take full advantage of it while understanding its limits.

- **Minimum coverage:** Health: \$25,000, Medical Evacuation: \$100,000, Repatriation: \$25,000
- **Your existing insurance:** Check your policy to see if it is adequate for Evergreen requirements and your travel plans. Combining your policy with a supplemental plan is often a good strategy.
- **Supplemental:** www.iNext.com offers basic student plans for as low as \$39 for a one-year period.
- **Supplemental:** www.myisic.com offers basic student plans. Some limitations for WA residents.
- **Advice:** <https://www.wsaeeurope.com/resources/how-to-select-insurance-for-study-abroad-and-traveling/>
- **General Student Traveler:** World Nomads: <https://www.worldnomads.com>
- **General Student Traveler:** CISI: <https://www.culturalinsurance.com/students/>
- **General Student Traveler:** United Health Care: <https://www.uhcsafetrip.com/>
- **General Student Traveler:** HTH Worldwide: <https://www.hthstudents.com/>
- **General Student Traveler:** GeoBlue: <https://www.geobluetravelinsurance.com/>
- **US State Dept List:** <https://travel.state.gov/content/travel/en/international-travel/before-you-go/your-health-abroad.html>
- **IAMAT Guide:** <https://www.iamat.org/travel-health-insurance>
- **The Body: Traveling When You're HIV Positive:** www.thebody.com/index/treat/oi_prev_travel.html?sa

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Optional Worksheet for Insurance Product Comparison

| Insurance Features | Evergreen minimum | Provider Option 1 | Provider Option 2 | Provider Option 3 |
|---------------------------------------|-------------------|-------------------|-------------------|-------------------|
| Accident & Illness Amount | \$25,000 | | | |
| Medical Evacuation Amount | \$100,000 | | | |
| Repatriation of Remains Amount | \$25,000 | | | |
| Prescription Coverage? | - | | | |
| Mental Health Coverage? | - | | | |
| Pre-existing Conditions Coverage? | - | | | |
| Lost Luggage Coverage? | - | | | |
| Emergency Dental Coverage? | - | | | |
| Trip Cancellation Coverage? | - | | | |
| Adventure Activities Coverage? | - | | | |
| Emergency Flight for Relative? | - | | | |
| 24 Hour Assistance Services? | - | | | |
| Notable Exclusions? | - | | | |
| Deductible Amount? | - | | | |
| Claims Process? | - | | | |
| | | | | |
| Cost for duration of time outside US? | | | | |

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Emergency Information Summary Form for Staff, Faculty, & Providers: Page 1

Name: _____ Student ID: _____

Page 1: Review the numbered items and add your signature indicating your approval. Review Page 2 before signing.

Page 2: Complete the **Required Information** section; you may choose to add **Optional Information** that you allow staff, faculty and providers to be aware of as a support to your study abroad experience. You may also leave this section blank.

There are several important reasons for reviewing your health conditions prior to study abroad, including, but not limited to:

- consulting with faculty on preparations (transportation, housing and activities, etc);
- drug prescription preparations (adequate supply, availability, and legal restrictions, etc);
- formally requesting accommodations for those with documented disabilities;
- personal management of existing health or mental health conditions;
- considering proximity of routine and emergency medical resources overseas;
- travel immunization preparation (yellow fever, cholera, typhoid, malaria, dengue fever, rabies)
- health, safety, and legal concerns associated with HIV status, LGBTQ+ identity, etc.
- potential impact of a student's health conditions or plans on other students, staff, or faculty
- providing data during emergencies, if possible, when a student is incapacitated and unable to provide it.
- consideration that the insurance you select is the best support for your health profile and destination.

This form is **NOT** used:

- for program admission or approval purposes;
- to create an obligation or duty on the part of Evergreen State College staff or faculty to monitor, provide, obtain, or otherwise arrange medical care on your behalf.

1. **Student Health Review Worksheet:** I confirm that I have reviewed my health profile in preparation for my study abroad plans and have taken steps to have a healthful experience while overseas, including plans for adequate insurance and care in the event of a health event. Understanding that this information is important in an emergency, I will keep this worksheet with my passport.
2. **Release of Information:** I understand that in order to plan for a safe, healthy study abroad experience for all participants, and in consideration of emergency medical situations, Evergreen staff and faculty may need to discuss aspects of my **Emergency Information Summary Form** on an as-needed basis with stakeholders in my study abroad programming, such as Evergreen faculty or staff, contracted providers, host families, consortia partnerships, health providers, government officials, family members, and emergency contacts, among others. I hereby waive my rights under the Family Educational Rights and Privacy Act (FERPA) and expressly authorize such contact and information release.
3. **Student Authorization of Emergency Medical Treatment:** In the event of an emergency situation where I am unable to express my own medical care decisions, I hereby authorize the faculty, staff leader, and/or attending physician to seek emergency treatment on my behalf if, in their opinion, emergency treatment is necessary to safeguard my health. I acknowledge and agree that nothing in this release shall be understood as creating any obligation or duty on the part of Evergreen to obtain medical care on my behalf. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance.

Student Signature _____ Date: _____

Parent/Guardian Signature, if for a minor. _____ Date: _____

Please submit the Emergency Summary Information Form **AFTER** acceptance to your study abroad program to:

OFFICE OF INTERNATIONAL PROGRAMS, Library 2153, Inner Office 2137 or 2128. Studyabroad @evergreen.edu

Emergency Information Summary Form for Staff, Faculty, & Providers: Page 2

Required Information: Enter data, arrow down or click to a new cell.

| | | | |
|-------------------------|--|------------------------------------|--|
| Last Name | | Emergency Contact 1 Name | |
| First Name | | Emergency 1 Relationship | |
| Middle Name, if any | | Emergency 1 Phone | |
| Student ID | | Emergency 1 Email | |
| Age | | Emergency 1 Street Address | |
| Date of Birth | | Emergency 1 City, State, Zip | |
| Cell Phone | | | |
| Email | | Emergency Contact 2 Name | |
| Passport Number | | Emergency 2 Relationship | |
| Passport Issue Date | | Emergency 2 Phone | |
| Passport Expiry Date | | Emergency 2 Email | |
| Passport Gender | | Emergency 2 Street Address | |
| Study Abroad Program | | Emergency 2 City, State, Zip | |
| Faculty Sponsor | | | |
| Destination Country 1 | | US Insurance Provider | |
| Destination Country 2 | | US Insurance Policy Number | |
| Destination Country 3 | | US Insurance Personal ID # | |
| Depart US Date | | US Insurance 24-Hr Phone | |
| Depart US City 1 | | US Insurance Website | |
| Transfer City 2, if any | | | |
| Destination City | | Study Abroad (SA) Insurance | |
| Depart Flight Info 1 | | SA Insurance Policy # | |
| Transfer Flight Info 2 | | SA Insurance Personal ID # | |
| Return to U.S. Date | | SA Insurance 24-Hr Phone | |
| Return from City 1 | | SA Insurance Website | |
| Transfer from City 2 | | | |
| Return to US City 3 | | Allergy Info 1 | |
| Return Flight Info 1 | | Allergy Info 2 | |
| Transfer Flight Info 2 | | Dietary Info 1 | |

Optional Information

You may share other health information you would like Evergreen to be aware of. This will be included in the FERPA Release

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |