

## MIX HEALTH CLEARANCE FORM INSTRUCTIONS

### STUDENT Instructions:

1. Make an appointment with a healthcare provider for a physical examination. It will cost roughly \$70-80 for a physical at UH Health Services Mānoa unless covered by insurance. You can also have this form completed off-campus with your primary health provider.
2. Fill out the MIX Confidential Health History Form. Make at least one copy of your form.
3. Take a completed copy of your MIX Confidential Health History Form and a blank copy of the MIX Health Clearance Form to your appointment.
4. After the form has been completed, double check that your physician has stamped your form with their official stamp/address.
5. Completed forms must be stamped by your physicians office and submitted by Dropbox **(DO NOT submit hardcopies to the MIX office, only online submission is required).**  
**Dropbox Link is on your Pre-departure Checklist.**
6. Both forms must be turned in at least 30 days before departing for your program.

Although it is not mandatory, we strongly recommend that you also book an appointment for a "Travel Conference" (\$25 at UH Health Services Mānoa). These medical appointments are useful to discuss:

- Information about health risks associated with the country you will be based in during your international exchange program as well as for any other travel destinations you have planned.
- Information about bringing prescription medication to the host country.
- Information about recommended/required immunizations.
- Information about what to do if you become ill during your international exchange program.
- Discussion of your current health status as well as special health needs, recent illnesses, injuries, and/or surgeries and how these might impact your ability to travel.

### HEALTHCARE PROVIDER Instructions/Guidelines:

Students participating in international activities sponsored by Manoa International Exchange (University of Hawaii at Manoa) must receive clearance to study abroad by a healthcare provider. When determining the student's health clearance status, please include the following considerations:

1. Review the MIX Confidential Health History Form completed by the student.
2. Discuss/review the student's health history, paying particular attention to medication that the traveler may need, any allergies the traveler may have, and all currently active health problems.
3. Pay special attention to any chronic health conditions and any medications with which the student plans to take with them abroad. Students can be cleared with medical conditions provided they are in compliance with the medical regimen.
4. Please explain to the student that they need to take a sufficient amount of medication to last the duration of their program and/or verify that the medication is legal and available in the host country. If the medication is not legal in the host country, please suggest any alternatives you are aware of.
5. Assess the need for any continued health care, counseling, or lab testing while abroad so the student can determine the availability of adequate facilities and services in the host country.
6. Please recommend where students are able to receive a travel medicine consultation.
7. Any questions you have about this form or the activities in which the student will participate in abroad can be directed to MIX Staff at [outbound@hawaii.edu](mailto:outbound@hawaii.edu) or 808-956-3101.

### CONFIDENTIAL HEALTH HISTORY FORM

**\*\*\*To be filled out by student BEFORE Health Clearance Examination\*\*\***

#### Student's Authorization to Release Information

I authorize any licensed physician, medical practitioner, pharmacist, hospital, HMO, other medical or medically-related facility, federal, state, or local government agency having information available as to diagnosis, treatment or prognosis with respect to any physical or mental condition and/or treatment of me, to give any and all such information to the Mānoa International Exchange (MIX) Office at University of Hawaii at Mānoa. I understand this Authorization could include information with respect to HIV infection, AIDS, mental health, and alcohol and substance abuse. I understand the information obtained by use of this Authorization will be used by the MIX to facilitate any treatment I may require while participating in a MIX program and for the duration of the specific program period only.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (Print): \_\_\_\_\_ Student UHM Email: \_\_\_\_\_

MIX Program Location: \_\_\_\_\_ Term: \_\_\_\_\_

#### REVIEW OF ILLNESSES AND SYMPTOMS

Please check "Yes" if you have experienced any of the following illnesses or symptoms. Please give details below on any checked response, adding additional paper if necessary.

	Yes		Yes		Yes
Abdominal problems		Depression/Anxiety		Recurrent or chronic infectious diseases	
ADD/ADHD		Diabetes		Substance use/abuse	
Anemia		Eating disorder		Thyroid disorder	
Arthritis		Epilepsy (seizures)		Vision/eye problems	
Asthma		Gastrointestinal disorder		Other (please specify below)	
Autism/Asperger's (ASD)		Head injury/concussion			
Back problems		Heart murmur/disease		<b>Allergy (Please specify)</b>	
Bipolar disorder		High blood pressure		Hay fever	
Bladder/Kidney problems		Immune system problems		Bees/Wasps	
Bleeding/clotting disorder		Impaired use of any limbs		Pet/animal dander	
Blood disorder		Joint problems		Food	
Cancer or Leukemia		Learning disability		Drug	
Celiac disease		Migraines or severe headaches		Other allergy	
Cerebral palsy		Recurrent dizziness/faintness			

Comment below on any condition(s) that you have checked "yes" above:



Are you currently taking any medications (including antigen/immunotherapy allergy injections)? If yes, list and give details. Note: Student is responsible for ensuring that all medications are legally permissible abroad.  Yes  No

Have you ever been hospitalized? If yes, give diagnosis and date.  Yes  No

**RESTRICTIONS**

Do you have any health requirements or dietary restrictions? If yes, explain.  Yes  No

Do you have any permanent injury or physical disability? If yes, give details.  Yes  No

Do you require any accommodations to facilitate your education (e.g. note takers). If yes, give details  Yes  No

*I certify that all responses made on this form are complete, true, and accurate. I understand that if there are any changes in my health status, I will contact MIX immediately. I understand that if I withhold information on this form that it may be grounds for dismissal from the program.*

Student's signature \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH CLEARANCE FORM

**\*\*\*To be filled out by physician DURING Health Clearance Examination\*\*\***

Student Name (Print): _____ Student UHM Email: _____ MIX Program Location: _____ Term: _____
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**HEALTH CLEARANCE EXAMINATION (to be completed by the healthcare provider)**

1. See Healthcare Provider Instructions/Guidelines before completing this form (pg. 1)
2. After reviewing the student's health history and performing an appropriate medical exam, please review both with the student and discuss their ability to travel and live abroad for an extended period of time. Then, please complete the physician's report section of this form below the dotted line.
3. If you require additional information to clear the travel for their international exchange program, please indicate this in the comments section.
4. Please return the two forms (pgs. 2-3) to the student signed/stamped, with your official office stamp.

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**Physician's Report:**

I have reviewed the student's health history and MIX Confidential Health History Form provided by the student. Based upon this information, to the best of my knowledge, the student is:

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

**Comments/Referrals:**

**Licensed Healthcare Provider (Please Print Clearly and Stamp)**

Name:  Phone:  Signature:  Date of Examination:	[place address stamp here]
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**QUESTIONS? CONTACT US AT:**

Mānoa International Exchange (MIX), University of Hawaii at Mānoa  
 2600 Campus Road, QLC 206, Honolulu, HI 96822  
 +1-808-956-3101 | [outbound@hawaii.edu](mailto:outbound@hawaii.edu) | [manoa.hawaii.edu/mix](http://manoa.hawaii.edu/mix)