



# Student Health Clearance Packet

Health Clearance is required to participate in Harvard-sponsored international travel, with some exceptions for travel lasting less than two weeks.

See [globalsupport.harvard.edu/travel-tools/forms-policies](https://globalsupport.harvard.edu/travel-tools/forms-policies), or ask your program administrator for more information about this requirement.

Visit [globalsupport.harvard.edu/travel-tools/forms-policies](https://globalsupport.harvard.edu/travel-tools/forms-policies) for FAQs and additional information.

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# Instructions for Students

1. The Health Clearance process must be completed **at least** one month prior to your departure, or by the deadline set by your program.
2. Complete the Confidential Health History form (pages 2-3) **and** Part 1 of the Health Clearance form (page 4). Print a description of your Harvard travel plans (a printout from the program website, a description from your funding application, or a written description including planned activities and accommodations).
3. If you have seen mental or physical health specialists in the last year for treatment of a serious, chronic, or ongoing condition, you must receive clearance from these specialists first. They complete Part 3 (pages 5-6).

Note: Your program or sponsor may consult with Harvard officials (i.e. Resident Dean or Administrative Board) about your ability to meet the requirements of your Harvard travel plans.

## HOW TO OBTAIN HEALTH CLEARANCE:

<b>If receiving clearance from Harvard University Health Services (HUHS) - Preferred</b> (Harvard College students only)	<b>OR</b>	<b>If receiving clearance from a primary care physician</b>
Deliver the Health History, Health Clearance (including specialist clearance, if required), and Harvard travel plan description to: Harvard University Health Services ATTN: Medical Records, 6th Floor 75 Mount Auburn Street Cambridge, MA 02138		Send the Health History form, Health Clearance form (including specialist clearance if required), and Harvard travel plan description to your doctor's office.  <b>Your doctor completing this form cannot be a family member.</b>
Upon review of the information provided, HUHS <b>may require</b> an in-person appointment in order to make a clearance decision. If so, you will be contacted within 5 business days of submitting your packet to schedule an appointment.		The <i>original</i> signed request should be sent directly to: Office of International Education 77 Dunster Street Cambridge, MA 02138  <b>We cannot accept electronic copies or faxes.</b>
Once you are cleared, HUHS will send you an email confirmation and return your packet to the Office of International Education for submission to the program or funding office indicated on page 4.		

## QUESTIONS?

Contact Camila Nardozi, Director, Office of International Education, [cnardozi@fas.harvard.edu](mailto:cnardozi@fas.harvard.edu).

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## Confidential Health History for Harvard-Sponsored International Travel

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### To be completed by student

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ HUID: \_\_\_\_\_ Gender: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Program and Funding Source: \_\_\_\_\_

Destination City(ies) and Country(ies): \_\_\_\_\_

Travel Dates: \_\_\_\_\_

List any condition(s) for which you are currently being treated or have been treated by a clinician:

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List any physical or learning disabilities: \_\_\_\_\_

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Are you currently seeing a physical or mental health specialist for treatment of an ongoing health issue?

Y  N

If yes, for which conditions? \_\_\_\_\_

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Health Provider's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

List any other specialists you have seen in the last 12 months and the reason for consultation or treatment:

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Have you ever had surgery? Y  N

If yes, please describe: \_\_\_\_\_

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Do you have any drug or food allergies? Y  N

If yes, list the allergy or allergies and briefly describe your reaction: \_\_\_\_\_

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## Medications

Are you currently taking any medications? Y  N

If yes, please note that you are responsible for ensuring that your medications are legally permissible abroad.

Specify the medications you are currently taking, including medication(s) you carry for possible use (e.g. insulin, asthma inhaler, Epi-pen): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Mental Health History

Have you ever suffered from, been treated for, taken medication for, or been hospitalized for the following?

Mental health condition (e.g. depression, anxiety)? Y  N

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Substance abuse (alcohol or drugs)? Y  N

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Eating disorder (e.g. anorexia or bulimia)? Y  N

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## Services or Accommodation

Indicate any services or accommodation you believe you will need to facilitate participation in your chosen plan for study abroad. *Note that Harvard cannot guarantee that services or accommodation will be available in the region(s) where you will be studying.*

\_\_\_\_\_  
\_\_\_\_\_

## Certification

I certify that all responses made on this packet are complete, true, and accurate. I understand that if there are any changes in my health status I will contact Harvard immediately. I understand that if I misrepresent or fail to provide the information requested on this packet, then I may be barred from participation in, dismissed from, or told to discontinue the Harvard travel plans I have chosen.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### If submitting packet to HUHS:

- Check here if you DO NOT want your Health History to be forwarded to you program or funding office.
- If this box is checked, only your Health Clearance will be sent; the Health History will be retained at HUHS.
  - If this box is **not** checked, both your Health Clearance and the Health History will be sent to your program or funding office.

# Health Clearance for Harvard-Sponsored International Travel

## Part 1: To be completed by student

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ HUID: \_\_\_\_\_ Gender: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Program Name (if applicable): \_\_\_\_\_

Program or Funding Department Requesting Health Clearance: \_\_\_\_\_

Approximate Dates of Harvard-Sponsored Travel: \_\_\_\_\_

Destination City(ies) and Country(ies): \_\_\_\_\_

**Note:** Specialist clearance is required if you have been seen by a specialist within the past year. You must complete Part 3 *before* Part 4 can be completed.

# Health Clearance for Harvard-Sponsored International Travel

## Part 2: Instructions for Health Providers

Health providers must be appropriately licensed and credentialed and **may not be a family member of the student** they are evaluating.

**1. Review** the following:

- Printed description of the student's international travel plan or program (provided by the student)
- General requirements of the Harvard Travel Participation, set forth below
- Completed Harvard University Confidential Health History

**2. Complete** the Health Clearance:

- *Physical or Mental Health Specialists*: Complete Part 3 of the Health Clearance on pages 5-6.
- *Primary Care Physicians*: Verify that medical or mental health specialists have completed Part 3 of the Health Clearance (if required), and then complete Part 4 on page 7.

**3. Return** the original Health Clearance packet to the student.

- *HUHS*: Health Clearance packets can be returned to the Office of International Education for submission to program and funding offices. Please note if student has requested that the Health History not be submitted (see check box on bottom of page 3); if so, only return the Health Clearance.

## GENERAL REQUIREMENTS OF HARVARD TRAVEL PARTICIPATION

In addition to meeting any specific requirements of the international travel plan or program they have chosen (as set forth in the written description provided by the student), students must meet the following requirements:

- Possess the physical and mental well-being required to live and study in the applicable foreign setting, where resources may be different or fewer than those to which they are accustomed; exercise good judgment and safely fulfill all essential components of their program, including appropriate standards of conduct;
- Be able to display flexibility and to function in the face of potentially uncertain or stressful situations;
- Be able to align their health care needs with the limited resources that may exist nearby;
- Be able to live in a setting different from what they may be accustomed to and that may aggravate existing health conditions (e.g. dormitories that may not be air-conditioned or afford privacy, homestays with local families, etc.);
- Participate in typical classroom work;
- Participate in planned excursions and activities in the area, which may include moderate physical activity.

### Part 3: To be completed by licensed medical or mental health specialist (if applicable)

If the student is seeing one or more specialists, or has seen one or more specialists within the past year, for the treatment of a serious, ongoing, or chronic condition, then the approval and signature of each specialist must be obtained before final clearance is signed by a Primary Care Clinician. If this section does not apply, please skip to the next section. This section may be photocopied as needed.

I have thoroughly reviewed the student's health, referring to the student's Confidential Health History, medical records on file, and the general and specific requirements of the student's international travel plan or program. Based on this information and my current observation of this student, to the best of my knowledge:

#### CHECK ALL THAT APPLY. AT LEAST ONE BOX MUST BE CHECKED.

##### Student is CLEARED by specialist

- There are no **medical contraindications** to participation in the international travel plan or program the student has chosen.
- There are no **mental health contraindications** to participation in the international travel plan or program the student has chosen.

##### Student is CLEARED by specialist provided the following conditions are met:

- Student requires services or accommodation, as specified below, to facilitate participation in the academic program (e.g. note-taking, wheelchair access). **Please note that Harvard cannot guarantee that services or accommodation are available, nor can it guarantee the accessibility of vehicles, housing or other accommodations, study sites, or other places students may visit.**  
\_\_\_\_\_  
\_\_\_\_\_
- Student requires services or accommodation, as specified below, to facilitate a healthy and safe stay abroad (e.g. regularly available psychiatric therapy). **Please note that Harvard cannot guarantee that services or accommodation are available.**  
\_\_\_\_\_  
\_\_\_\_\_
- Student requires medication throughout the duration of the international travel plan or program. **Note: It is the student's responsibility to ensure that the medication is available and legal.**
- Student has a significant allergy to certain medication(s) and/or to certain food(s) and has an appropriate treatment plan in place. Please list allergies:  
\_\_\_\_\_

Continued on next page.

**Student is NOT CLEARED by specialist**

- There are **medical contraindications** to participation in the international travel plan or program the student has chosen.
- There are **mental health contraindications** to participation in the international travel plan or program the student has chosen.

Licensed Specialist Name: \_\_\_\_\_

**May not be a family member of the student.**

Title: \_\_\_\_\_

Specialty: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

*Licensed Specialist Rubber Stamp  
or Business Card Here*

**Part 4: To be completed by primary care physician (may not be family member of student)**

I have thoroughly reviewed the student's health, referring to the student's Confidential Health History, medical records on file, and the general and specific requirements of the student's international travel plan or program. Based on this information, to the best of my knowledge:

**CHECK ALL THAT APPLY. AT LEAST ONE BOX MUST BE CHECKED.**

**Student is CLEARED by primary care physician**

- There are no **medical or mental health contraindications** to participation in the international travel plan or program the student has chosen.

**Student is CLEARED by primary care physician provided the following conditions are met:**

- Student requires services or accommodation, as specified below, to facilitate participation in the academic program (e.g. note-taking, wheelchair access). **Please note that Harvard cannot guarantee that services or accommodation are available, nor can it guarantee the accessibility of vehicles, housing or other accommodations, study sites, or other places students may visit.**
- \_\_\_\_\_
- \_\_\_\_\_

- Student requires services or accommodation, as specified below, to facilitate a healthy and safe stay abroad (e.g. regularly available psychiatric therapy). **Please note that Harvard cannot guarantee that services or accommodation are available.**
- \_\_\_\_\_
- \_\_\_\_\_

- Student requires medication throughout the duration of the international travel plan or program. **Note: It is the student's responsibility to ensure that the medication is available and legal.**

- Student has a significant allergy to certain medication(s) and/or to certain food(s) and has an appropriate treatment plan in place. Please list allergies:
- \_\_\_\_\_

**Student is NOT CLEARED by primary care physician**

- There are **medical or mental health contraindications** to participation in the international travel plan or program the student has chosen.

Primary Care Clinician (M.D., N.P., or R.N.)

HUHS Provider? Yes  No

**May not be a family member of the student.**

If no, date of student's last physical exam: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

*Clinician Rubber Stamp  
or Business Card Here*

**To be completed by Student and the Accessible Education Office or Harvard Summer School Disability Services Coordinator (if applicable)**

*Complete this page only if one of your health providers indicated that services or accommodation were required to facilitate your participation in your planned academic program or to facilitate a healthy and safe study abroad.*

In the space provided below, or on an attached sheet, describe the arrangements you have made to meet the conditions specified in Part 3 and/or Part 4. If you have mobility-related issues, you also must indicate that you have conferred with the leaders of your program (if applicable) and have a feasible plan in place to address any barriers that might exist in and outside your academic, living, and other settings.

***Please note that Harvard cannot guarantee that services are available, nor can it guarantee the accessibility of vehicles, housing or other accommodations, study sites, or other places students may visit.*** However, the Accessible Education Office (AEO) or Harvard Summer School disability services coordinator can provide assistance identifying and/or arranging services. Once a plan is established, the AEO or HSS disability services coordinator must sign in the space below to indicate that the arrangements you have made appear to meet the conditions required for participation in your Harvard travel plan.

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I understand that it is my responsibility to make arrangements for the services and/or accommodation that have been identified by the AEO or HSS Disability Services Coordinator. I understand that if the arrangements described above are amended in any way, then I must inform Harvard immediately.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of AEO staff member or  
HSS Disability Services Coordinator

\_\_\_\_\_  
Signature of AEO staff member or  
HSS Disability Services Coordinator