Healthcare Provider Evaluation

STUDENT NAME: ________________________________________________________________

STUDENT EMAIL ADDRESS:________________________________________________________

PROGRAM: _____________________________________________________________________

All University of Iowa Study Abroad program participants who have ongoing medical conditions that will require medication and/or medical care while abroad are asked to meet with a healthcare provider prior to departure and submit this signed form to UI Study Abroad. Students are encouraged to share information from their completed medical self-evaluation form and the appropriate pages from the CDC Travelers’ Health web site (see below) with their doctor.

Participants may also request information about either of the following from UI Study Abroad:

- **Continuation of Care.** Continuation of care for ongoing medical conditions while abroad can be arranged before you travel. The Iowa Regents CISI insurance plan covers all students studying abroad under the auspices of the University of Iowa. CISI can help connect you with appropriate medical care providers abroad in advance of your departure. If you would like to pursue a continuation of care plan for an existing medical condition that will require medical attention while abroad, please contact safety-abroad@uiowa.edu to request assistance.

- **Disability Accommodations Request.** A request form is available from UI Study Abroad to help plan reasonable accommodations abroad for a disability. Check with your study abroad advisor or contact safety-abroad@uiowa.edu for details.

**To the healthcare provider:** Thank you for taking the time to meet with this study abroad student and complete his/her form. This student has indicated that he/she has one or more medical conditions that may require medication or ongoing care. Living and studying in an unfamiliar environment can trigger physical and emotional stress and exacerbate current health issues. Familiar or reliable healthcare or medications might not be readily available to the student in his/her host country. You are asked to:

- Review any relevant information provided on the CDC Travelers’ Health web site for all countries on the student’s itinerary. (See [http://wwwnc.cdc.gov/travel/destinations/list](http://wwwnc.cdc.gov/travel/destinations/list)).

- Discuss the student’s medical situation with him/her in light of how it may affect the student’s study abroad experience.

- Ask the student about the study abroad location and the demands of the specific location and activities planned.

- Advise the student regarding how potentially dramatic changes in climate, diet, living arrangements, social life and study demands may affect him/her abroad.

- Discuss possible accommodations the student should make or discuss with staff administering or overseeing their overseas program.
STUDENT NAME: ________________________________________________________________

STUDENT EMAIL ADDRESS:________________________________________________________

PROGRAM: _____________________________________________________________________

To be completed by healthcare provider:

☐ I have met with the student to discuss his/her medical condition as it relates to his/her intended study abroad program.

☐ I have encouraged the student to discuss his/her medical condition with one or more of the following: a representative from the study abroad office coordinating his/her program, a representative from campus Student Disability Services, a healthcare professional, parents or other family members in advance of the program’s departure.

Name of Medical Professional: _________________________________  Title:_____________________

Address: _____________________________________________________________________________

Phone Number: __________________________________

Signature: _______________________________________ Date: _______________________________

Once completed, students should submit this signed form to UI Study Abroad, International Programs, 1111 University Capitol Centre, Iowa City, IA 52242 or submit the form electronically to safety-abroad@uiowa.edu