

Health Forms for Study Abroad **Borough of Manhattan Community College**

Congratulations on your acceptance to BMCC Study Abroad!

Study abroad is an exciting opportunity to learn about a new culture while earning academic credit. In preparation for this experience, you must consider your physical and mental health needs during travel. Living in unfamiliar surroundings can create emotional and physical stresses that may intensify even mild disorders. Cultural adjustment, differences in diet, different cultural norms regarding alcohol and drug use may lead to exaggerated health problems.

The purpose of these forms is to determine the support you may need during study abroad. It is essential for BMCC to have the most accurate information of your current health status for proper accommodations, and in case of an emergency.

This information will remain confidential and will be provided only to the Director of Internships and Experiential Learning, Faculty Coordinator, and those with a need to know for the purpose of providing any necessary accommodations or in the event that medical attention is necessary.

Please review and complete the following forms:

- Health Questionnaire (page 2) – *to be completed by student*
- Immunization History, Vaccinations and Traveling with Medicine (page 3-4) – *to be completed by student (you may also need a healthcare provider)*
- Physical Examination Form and Medical Review (pages 5-6) – *to be completed with your primary healthcare provider*
- Student Confirmation Statement (page 7)

Deadline: April 17, 2023

Submit a complete packet to:
Sharon Reid, Director of Internships & Experiential Learning
199 Chambers Street, Room S750-D
sreid@bmcc.cuny.edu

Health Questionnaire
To be completed by student

Name _____ Student ID _____

Study Abroad Program _____

Special Accommodations: If you are registered with the Office of Accessibility at BMCC, please have their office reach out to sreid@bmcc.cuny.edu to specify the accommodations you need during study abroad. We will do our best to provide the necessary physical and/or academic accommodations.

| | Yes | No | If you responded “yes”, please provide more information below. |
|---|-----|----|--|
| Do you have any physical disabilities that might cause hardship through change of diet, change of climate, carrying your own luggage, or strenuous travel? | | | |
| Do you have any predisposing mental health conditions that, under stress of adjusting to life in another country, may require special consideration or treatment while you are abroad?* | | | |
| Are you currently receiving or have you received in the past two years, counseling for emotional problems, drug addiction, alcoholism, psychiatric condition or eating disorder?* | | | |
| Do you have any dietary restrictions or allergies (food, medications, insects, etc.)? | | | |
| Are you currently receiving any medication? If so, please attach a statement of such medication with dosage, reason for the prescription, and directions for the study abroad program to keep on file. You <i>should not</i> quit a medication during the study abroad program. <i>See Traveling with Medicine p.3</i> | | | |
| Do you have any additional health concerns other than those previously listed that may need special consideration before or during your experience abroad? <i>These may also be reviewed with your primary healthcare provider pp. 4-5.</i> | | | |

* We encourage students currently receiving mental health treatment to continue virtually with their provider. Please inform your Study Abroad Faculty Coordinator if you need accommodations for space and/or time to have these sessions while you are abroad. If you would like general information on counseling, reach out to counselingcenter@bmcc.cuny.edu.

Immunization History, Traveling with Medicine, and Vaccinations

Student must read and provide documentation, if applicable.

Immunization History

The chart below lists routine and childhood immunizations (according to U.S. standards) that should be up-to-date. We will work with BMCC’s Health Services to review your immunization history. **If we are unable to access this information, we will reach out to you.**

| | |
|---|------------------------------|
| Hepatitis B Measles, Mumps, Rubella (MMR) Diphtheria, Pertussis, Tetanus (DPT) Tetanus, Diphtheria, Pertussis (TDAP) | Chickenpox Polio Other |
|---|------------------------------|

Traveling Abroad with Medicine

Adapted from the Centers for Disease Control and Prevention, /wwwnc.cdc.gov/travel/

Each country has its own guidelines about which medicines are legal. Medicines that are commonly prescribed or available over the counter in the United States could be considered unlicensed or controlled substances in other countries. If your medicine is banned at your destination, talk with your healthcare provider about alternative medicines. For more details, review the International Narcotics Control Board information for your study abroad country:

<http://www.incb.org/incb/en/travellers/country-regulations.html>.

For all prescription medications, you must travel with the prescription note from your healthcare provider, as well as the generic name of the prescription. You should also make sure to have the necessary supply for your time in country. Do not plan to buy your medicine in your destination.

Vaccinations for Travel

Review vaccination requirements for the country of your study abroad program:

<https://wwwnc.cdc.gov/travel/destinations/list>

Attach documentation of the required vaccinations to this Health Forms packet.

Physical Examination and Medical Review
To be completed with primary healthcare provider

Please complete a ***routine physical examination*** and the sections below with your primary healthcare provider. Submit the physical examination and forms to the Study Abroad Office. The primary purpose of these forms is to prepare you and the BMCC Study Abroad Office for any necessary precautions or accommodations you may need during travel, or in case of an emergency.

I. General Information

Student Name: _____

Date of Birth (mm/dd/yy): _____ Gender _____

Study Abroad Country: _____

II. Personal Information – *Please provide details for any items marked “Yes” in Section III, Significant Medical Condition/s.*

| | Yes | No | | Yes | No |
|--|-----|----|-----------------------------------|-----|----|
| Chicken Pox | | | Kidney Problems | | |
| Hepatitis | | | Hernia | | |
| Infectious Mononucleosis | | | Chronic Skin Problems | | |
| Tuberculosis or contact with Tuberculosis | | | Epilepsy | | |
| Malaria | | | Fainting Spells | | |
| Heart Problems | | | Migraine Headaches | | |
| High Blood Pressure | | | Endocrine Disorder(s) | | |
| Irregular or Rapid Heart Beat | | | Diabetes Mellitus | | |
| Pain or Pressure in the chest | | | Anemia | | |
| Asthma or any respiratory ailment | | | Operation(s) | | |
| Significant Allergic Reactions | | | Serious Accident(s) | | |
| Chronic or Recurrent Gastrointestinal Problems | | | Other (<i>please elaborate</i>) | | |

III. Significant Medical Condition/s

If the student has reported any significant chronic medical conditions requiring on-going medical supervision and treatment, or any significant condition that is currently in remission, please evaluate the physical health of the student for participation in the study abroad program. The availability of medical services in the country to which the student will be traveling should be considered. Please include any additional documents, if needed.

Diagnosis _____

Medications and Dosage _____

Stability of condition over the past two years _____

Has recovery been completed or is it still under treatment? _____

Recommendations for care of this individual _____

Diagnosis _____

Medications and Dosage _____

Stability of condition over the past two years _____

Has recovery been completed or is it still under treatment? _____

Recommendations for care of this individual _____

Healthcare Provider's Statement

After conducting a physical examination and completing the medical review for _____, I DO / DO NOT [select one] consider them physically qualified to participate in the study abroad program.

I certify that the above mentioned statements made by me, in answer to the foregoing questions, are true and complete to the best of my knowledge and belief. I understand that BMCC will rely on my foregoing statements as fact.

Physician's Name: _____ Phone: _____

Signature: _____ Date: _____

License # _____

Address (street, city, state, zip code): _____

Student Confirmation Statement

I certify that I have read and understand the Health Questionnaire, Immunization History, Vaccinations and Traveling with Medicine, and the Physical Examination and Medical Review. I certify that all responses made on these forms are true and accurate, and that I will notify the study abroad office hereafter of any relevant changes in my health that occur prior to the start of the program. I understand documentation may be necessary in this case.

Name _____ Student ID _____

Study Abroad Program _____

Student Signature _____ Date _____

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