UTM ABROAD
TRAVEL • EXPERIENCE • LEARN

Health Clearance Form

This form must be completed by applicants to the UTM Abroad program who have indicated that they have medical conditions or disability needs that may impact your ability to participate fully in the activities related to the international experience.

Program details

In addition to the program itinerary, please consider the details below in completing this form and conducting your assessment. Students participating in a UTM Abroad Experience may be exposed to:

- Unreliable access to electricity based on weather conditions that may affect specific temperature requirements for various medications;
- Long periods of time walking or engaging in outdoor activities;
- Various modes of transportations that may cause motion sickness including chicken buses, tuk tuks, etc.;
- Communities living under different conditions that students may not have been exposed to in the past based on cultural differences, location, access to resources, etc.;
- Possible participation in home stays with possible exposure to stressful situations including entering the homes of community members for an extended period of time (Guatemala and Thailand);
- Collaboration in service projects including the use of tools (e.g. construction of a coffee mill or road);
- Varying weather temperatures depending on the location;
- High altitudes including a hike up volcanoes/mountains to an altitude of approximately 12000 feet (India, Guatemala, Peru).

Information for STUDENTS

It is the applicant's responsibility to include all relevant information in this form and assess their ability to participate in the selected experiences. In order to best address any functional limitations that the applicant may have, disclosures of functional limitations or any accommodation needs should be made to the relevant UTM service (e.g. Health and Counselling Centre or Accessability Resource Centre) well in advance of any deadlines from the IEC. The relevant service will work with the applicant and other relevant offices to confirm the applicant's needs can be reasonably met.

How to complete this form

1. Print the program itinerary along with a copy of this form. Complete the student information section and bring this form with you to your health provider, specialist or UTM service provider (e.g. Health and Counselling Centre or Accessability Resource Centre);
2. Return the completed and signed form to the International Education Centre located in DV2071 **within two weeks of submitting your application to UTM Abroad.**

Student Information – Completed by student

Given Name: _____ **Last Name:** _____

Student Number: _____ **UTM Abroad Program**: _____

I have read the student instructions and have disclosed ALL known medical conditions or disability needs to the health practitioner or service provider.

Student Signature: _____ **Date:** _____

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Information for HEALTH CARE/SERVICE PROVIDER

This form will be used to determine the student's ability to participate in the UTM Abroad program and/or guide any required accommodation needs. Participants may be cleared for the program if it is determined that:

- In the opinion of the health care/service provider any medical conditions are actively managed by the patient and will not impact the experience of the patient while travelling;
- The student and the practitioner have developed a strategy to ensure a treatment plan is in place for the duration of the experience abroad including any required medications

Participants must take a sufficient amount of medication to last for the duration of their abroad experience and make sure that the prescription is legal in the host country. You may need to write a letter for the participant to take along with any medications, describing the medication and prescription.

How to complete this form

1. Together with the student, discuss and review the program details as well as the student's medical history keeping in mind resources abroad may differ from those available in Canada;
2. Consider the program details **provided on the other side of this form**;
3. Complete and sign the form as required;
4. Keep a copy of this document and provide the original to the student.

Clearance – Completed by health care/service provider

I have reviewed the information provided and conducted the necessary assessment to determine that:

- ☐ **The student is able to participate in the program**: Any health condition or accessibility need has been stable or a plan has been developed to allow for participation in the program, including any required medication.
- ☐ **The student is able to participate in the program with the appropriate accommodation or support plan**, including required medication. Please describe any functional limitations.

- ☐ **The student is NOT able to participate in the program:** there are contraindications to the student's participation.

Full Name: _____

Signature: _____

Date: _____

PHYSICIAN STAMP COLLEGE OF PHYSICIANS AND SURGEONS (CPSO) NUMBER

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