UNIVERSITY OF OREGON | GlobalWorks

Internship Health Evaluation Instructions

As a UO student planning to intern abroad, you must complete this Internship Health Evaluation form. This is a two-part health review process: a self-evaluation and a physician's evaluation.

Instructions:

1. Make an appointment with the UO Health Center or your family medical practitioner.

2. Complete the Required Self-Evaluation (Section 1) on pages 2-3 of this form prior to your appointment; sign page 3 of the form.

3. Bring this form to your appointment and have your medical practitioner complete the Required Physician Evaluation (Section 2) on page 4 of this form, noting any referrals if needed.

4. If your medical practitioner refers you to a specialist, have your specialist complete the Referral Physician Evaluation (Section 3) on page 5 of this form, including his or her clinic stamp or business card.

5. Return the signed form (including your signature and that of your medical practitioner, plus any physicians or counselors to whom you were referred) to:

   Global Studies Institute (GSI)
   110 Gerlinger Hall
   University of Oregon
   Eugene, OR 97403-1246

The completed Health Evaluation Form must be submitted **by 5 pm on April 27** along with all other forms. The UO Health Center can get booked very quickly, so make sure to schedule your appointment soon.

**If you will instead be making an appointment with your off-campus primary care physician, make sure that your physician not only signs the required sections of the form, but also stamps and / or attaches their business card.*

Note: This form is a REQUIRED step in your internship application. You will not be enrolled in or registered for your internship program until this form has been submitted.

GSI HEALTH EVALUATION FORM

Name of Student: _____ **Program & Country:** _____

Student ID #: _____ _____

Date of Birth: _____ **Term/s Abroad:** _____

We want to do our best to ensure that your time abroad is as successful and healthy as possible. It is therefore in your best interest to give a frank evaluation of your physical and mental health. Living in a new environment for an extended period of time can create emotional and physical stress. The information you provide will help GSI and its counterparts to determine the appropriate support for a successful abroad experience, and it may be shared with program staff to help you best manage your health while studying abroad. GSI staff and program associates maintain confidentiality consistent with state and federal law.

Section 1: REQUIRED Self Evaluation – This section is to be completed by the internship participant prior to the appointment.

1. General state of health: ❒ Excellent ❒ Good ❒ Fair ❒ Poor

   Height:_____ Weight:_____ Eye Color:_____ Hair Color:_____

2. Do you have any dietary restrictions or known food allergies? ❒ Yes ❒ No
   (if yes, please list)_____

3. Are you allergic to any medications? ❒ Yes ❒ No
   (if yes, please list)_____

4. Will you need to take prescribed medication while you are abroad? ❒ Yes ❒ No
   (if yes, list all medications and their purpose – use the back side if needed)
   _____
   _____

5. Have you been diagnosed with diabetes? ❒ Yes ❒ No
   (if yes, have you been hospitalized for or had a serious problem with diabetes?) ❒ Yes ❒ No

6. Have you been treated in the emergency room or hospitalized for any reason in the last three years? ❒ Yes ❒ No

7. Have you been diagnosed with epilepsy? ❒ Yes ❒ No

8. Have you experienced a seizure or a loss of consciousness? ❒ Yes ❒ No

9. Do you have a condition requiring ongoing care while abroad? ❒ Yes ❒ No

10. Do you have any conditions that may limit your physical activity? ❒ Yes ❒ No

11. Do you have inflammatory bowel disease such as Crohn's Disease? ❒ Yes ❒ No

12. Do you have, or have you ever had, an alcohol or drug problem?	❒ Yes	❒ No
13. Have you ever been seen by a physician, psychiatrist, psychologist, counselor, social worker, or other practitioner for any mental, emotional, or nervous condition?	❒ Yes	❒ No
14. Have you ever experienced depression or any other mental health condition?	❒ Yes	❒ No
15. Do you have, or have you ever had, an eating disorder?	❒ Yes	❒ No
16. Are there any predisposing medical or surgical conditions which may, under the stress of travel, cause problems during your study abroad program?	❒ Yes	❒ No
17. Do you have any questions regarding your health, family history, or other conditions or concerns that you would like to discuss?	❒ Yes	❒ No

If you checked yes to <u>any</u> of the questions (4-17), write a detailed explanation for <u>each</u> item, including the following (use back of page as needed):

a) descriptions of health conditions and/or diagnoses
b) length of duration and approximate dates of treatment
c) types of treatment including medication/s

I certify that the information provided on this form is accurate and complete, and contains no misrepresentations or material omissions. I will inform Global Studies Institute and my medical practitioner of any changes to this information that occur. I grant permission for this information to be provided to those with a legitimate need to know.

_____ _____

Student Signature Date

Section 2: REQUIRED Physician Evaluation – This section is to be completed by primary physician or nurse practitioner performing initial evaluation.

This is to certify that a discussion with and a physical examination of _____
(name of student)
took place on_____(date).

I have reviewed the information from the Health Evaluation Form, and the following applies (please check one option):

- ❒ 1. In my opinion, based on information and medical history provided by the student and my exam as of this date, this student has no existing medical or health condition that would prevent or impede his/her performance as a student studying abroad.
- ❒ 2. In my opinion, based on information and medical history provided by the student and my exam of this date, this student is satisfactorily prepared to manage his/her general health and health conditions, including taking appropriate medications while abroad.
- ❒ 3. Based on information and medical history provided by the student and/or my exam, I recommend additional follow-up to help assess the student's preparation for the study abroad program. The referral physician will need to complete Section 3 on Page 5 of this form:

    - ❒ University Counseling Center
    - ❒ Psychiatrist (physician specialist)
    - ❒ Primary care physician or nurse practitioner additional assessment/treatment
    - ❒ Medical Specialist_____(type of specialty)

Comments:_____

_____

Name printed:_____ Specialty:_____

Signature:_____ Date:_____

REQUIRED Department / Clinic / Institute Stamp or Business Card:

Section 3: Referral Physician Evaluation – IF the primary physician or nurse practitioner checked box #3 in Section 2 – the Required Physician Evaluation, this section is to be completed by the referral physician, nurse practitioner, psychologist, or counselor.

This is to certify that a discussion with and/or examination of _____
(name of student)

took place on_____(date).

I have reviewed the information from the Health Evaluation Form and the following applies:

- ❒ 1. In my opinion, based on information and medical history provided by the student and my exam of this date, this student is satisfactorily prepared to manage his/her general health and health conditions, including taking appropriate medications while abroad.
- ❒ 2. I verify that the student met with me on the date above to discuss cultural adjustment strategies related to his/her mental health or medical conditions.
- ❒ 3. Based on information and medical history provided by the student and my exam of this date, I have asked the student to further discuss his/her continued participation in the program with the Global Education Oregon.

Comments:_____

_____

Name printed:_____ Specialty:_____

Signature:_____ Date:_____

REQUIRED – Department / Clinic / Institute Stamp or Business Card: