

University of Washington
International Programs
& Exchanges (IPE)
459 Schmitz Hall
Box 355815
Seattle, WA 98195-5815
Phone: 206-221-4404
FAX: 206-685-3511
ipe@u.washington.edu
<http://ipe.washington.edu>

Concurrent Enrollment & Health Screening: Your Registration for FSTDY Abroad

(Required forms attached)

CONCURRENT ENROLLMENT (CE) DEADLINES

Please return the attached Concurrent Enrollment and Health Screening forms to the International Programs and Exchanges Office (IPE) by **4:00pm** on the appropriate date and deadline (**The late fee is applicable at 4:01 on the due date**).

| Departure Quarter | CE Deadline* |
|-------------------|--------------|
| Fall Quarter | September 1 |
| Winter Quarter | December 1 |
| Spring Quarter | March 1 |
| Summer Quarter | May 1 |
| Early Fall | July 1 |

*If the application deadline falls on a Saturday, Sunday or holiday the deadline is the FIRST school day after this date.

*IPE will register each student 15 days after the CE Deadline pertaining to the departure quarter listed above.

CONCURRENT ENROLLMENT AT THE UNIVERSITY OF WASHINGTON

Congratulations on your decision to study abroad! Please read the following information carefully before filling out the Concurrent Enrollment and Health Screening forms. We assume that your completion and submission of the Concurrent Enrollment and Health Screening forms to IPE indicates your awareness and understanding of the various policies and procedures that apply to you as a participant in a UW foreign study program. You will want to take the information pages included at the front of this packet abroad with you, as you may need to refer to them at some point for answers to frequently asked questions.

1. WHAT IS CONCURRENT ENROLLMENT AT THE UNIVERSITY OF WASHINGTON?

• Concurrent Enrollment allows you to remain enrolled and active as a UW student while you are enrolled and/or participating in an international program or exchange. As a participant in a UW foreign study program or exchange, you will be concurrently enrolled at the UW* during your quarters of study abroad. You will, thus, retain most of the rights and benefits of a regularly enrolled UW student. Concurrent Enrollment allows you to:

- Remain enrolled in the UW during your period of study abroad
- Maintain your financial aid and scholarship eligibility
- Earn regular, graded UW credit while abroad
- Maintain your pre-registration privileges
- Continue deferment of any school-related loans
- Satisfy residency requirements for graduation
- Purchase the UW Study Abroad Insurance Plan for coverage while abroad.

*Participants in most foreign study programs are required to be concurrently enrolled. There are some exceptions with unaffiliated programs.

• **Concurrent enrollment through the International Programs & Exchanges Office provides continuous, full-time enrollment (10 – 12 credits per quarter, part-time enrollment is not possible) at the UW for students participating in UW programs or exchanges.** In special cases, students may be allowed to concurrently enroll while participating in an unaffiliated foreign study opportunity, an internship, independent study or independent research abroad. Students wishing to gain concurrent enrollment for these opportunities should complete the steps outlined in the appropriate packet (either the Unaffiliated Foreign Study Opportunities packet or the Independent Research packet) which can be picked up from the IPE office. Students wanting to remain concurrently enrolled for more than three (3) consecutive, academic quarters should seek prior approval from a study abroad advisor.

- During your quarters of concurrent enrollment, the UW International Programs and Exchanges Office will register you for a FSTDY course title. You do not register yourself on your MyUW during your quarter(s) of study abroad. The IPE will do this for you upon receipt of your Concurrent Enrollment and Health Screening forms.

- Please note that **neither** the IPE fee required for concurrent enrollment **nor** the home tuition fee include the usual student activities fees that you pay as part of the normal UW tuition. While concurrently enrolled, you will **not** receive a UW student ID card or registration confirmation. Furthermore, you will not have normal access to the IMA, Hall Health, and the U-Pass program, as will not pay the fees that fund these student resources. The IPE can, however, provide you with a letter that verifies your full-time enrollment at the UW during your period of study abroad.

2. WHAT IS THE INTERNATIONAL PROGRAMS & EXCHANGES (IPE) FEE?

In order to be registered concurrently at the UW while on your foreign study program, you must complete the Concurrent Enrollment and Health Screening forms and you must pay **\$250 for each quarter option; \$375 for each semester option; or \$750 for each academic year option** you wish to be concurrently enrolled (**IPE fee change effective Summer 2009**). These fees will be charged to your UW student account.

Please note: IPE will charge a late fee of \$25 for forms submitted after the deadline, and the UW will charge a service fee of \$25 for all returned checks. Forms submitted after the first quarter of the study abroad program will result in a retro-active enrollment charge of \$300 per quarter or \$400 per semester. The retro-active enrollment charge will be assessed in addition to the standard IPE fee: \$250/qtr. or \$375/semester & the late fee of \$25.

3. WHAT IS THE REFUND POLICY FOR THE IPE FEE?

The IPE Fee is non-refundable.

4. WHAT DO I NEED TO KNOW ABOUT OVERSEAS HEALTH INSURANCE COVERAGE?

Health insurance is probably not your first consideration while planning your studies abroad, but it ranks among the most important. Receiving medical care in a foreign country can be expensive and, if emergency medical evacuation to the United States is required, the costs can exceed \$50,000. Many U.S. medical insurance plans do not cover treatment outside the United States and most hospitals abroad require immediate payment for medical services. It is essential that you understand the terms and limits of your personal health insurance policy before your departure. If you do not have a health insurance policy that provides major medical, emergency evacuation and repatriation benefits abroad, it is vital that you purchase a policy that includes these benefits.

The UW's Study Abroad Insurance Plan is an affordable, major medical policy that provides international coverage and includes emergency evacuation and repatriation benefits. The plan is available to all matriculated UW students. For detailed information about the UW Study Abroad Insurance Plan including its terms and limits please read the plan brochure. Brochures are available for pick-up in the International Programs & Exchanges Office or for downloaded via: <https://www.uhcsr.com/washington>

5. HOW AND WHERE DO I PURCHASE THE UW STUDY ABROAD INSURANCE PLAN?

All matriculated students at the University of Washington –Seattle, Bothell & Tacoma campuses who are taking credit hours and who are temporarily engaged in educational activities outside the U.S. are eligible to enroll in the UW Study Abroad Insurance Plan. Students must be concurrently enrolled through the UW International Programs & Exchanges Office. Please refer to the website for more detailed information and in order to enroll.

The UW Study Abroad Insurance Plan is available for purchase online: <https://www.uhcsr.com/washington>

6. HOW WILL MY FOREIGN STUDY GRADES/CREDITS BE REFLECTED AT THE UW?

- The courses taken on your study abroad program, while concurrently enrolled through our office, will appear as regular UW courses on your transcript. This also means that the grades earned for the coursework completed abroad will be calculated into your UW grade point average.
- IPE will register you in an appropriate Foreign Study (FSTDY) course for each quarter that you are abroad. You may be earning more than this number of credits during your study abroad; this will be assessed upon your return when your transcript arrives in our office. The Foreign Study course number is an artificial course number which must be converted to actual UW course numbers by the end of the quarter following your term abroad. You will not be able to graduate with a FSTDY course number on your transcript.
- If you are on a program for which the courses have been pre-approved, the conversion of credits will take place after we receive your transcript and your program evaluation.

- If you are on a program or exchange for which there are some or no pre-approved courses, the conversion of credits begins when the IPE receives your transcript. For more specific information, please see the credit section of your pre-departure handbook. You will need to meet with advisors from the various academic departments where you are seeking credit to determine UW course equivalents.
- Once all of your courses have been assigned UW credit, our office will submit a report to the Registrar's office for recording onto your UW transcript.

7. HOW DO I MAKE CHANGES IN MY GRADING OPTION (S/NS) / COURSE REGISTRATION?

If you wish to have one or more courses graded on a satisfactory/not-satisfactory basis (S/NS), you should be aware of the applicable UW policy and restrictions by consulting the UW General Catalog or the web:

http://www.washington.edu/students/genecat/front/Grading_Sys.html#NONGRADE.

In the case of a foreign study program policy allowing fewer credits earned S/NS, you must conform to the program's policy, rather than the UW's policy. You must complete the S/NS form (included in your pre-departure folder or downloadable from ipe.washington.edu) and FAX it or mail it to the IPE office by the 7th week of a full-term program, the 3rd week of a one- or two-month program and the 1st week of an Exploration Seminar. If you mail it to the IPE office your request must be postmarked by the Friday of the 7th week (3rd week for one or two month long programs) of your program. **No e-mail requests will be allowed.** Please remember, a condition of concurrent enrollment is that you remain enrolled for a full-time course load.

8. WHAT IS THE PROGRAM/EXCHANGE EVALUATION FORM? HOW IS THIS RELATED TO MY CREDITS/GRADES?

Upon your return from abroad, you must submit a final report to the IPE office concerning your experience overseas. This information is valuable to us and future participants in learning about your experience on the program. Please request the "International Exchange/Program Evaluation Form" from our office upon your return. The form is also located on the IPE website: <http://ipe.washington.edu>.

9. HOW DO I WITHDRAW FROM THE PROGRAM? DO ANY PENALTIES APPLY?

You should be aware that withdrawal after a program or exchange begins will result in the loss of fees. Consult your program brochure or exchange contract for details. If you wish to withdraw from the program or exchange you may do so by submitting a request **in writing** for withdrawal to both the program coordinator (if there is one) and to the IPE office by the deadline stated in the program brochure, acceptance information or exchange contract. Please refer to IPE website for current withdrawal forms.

10. I WANT TO CONDUCT A RESEARCH AND/OR INDEPENDENT STUDY PROJECT WHILE ABROAD. HOW DO I DO THIS?

If you are planning to do research or independent study in affiliation with one of our partner institutions or with a professor, please provide the IPE office with a credit verification form filled out by your department(s) verifying that you will receive a minimum of 12 credits (undergraduate) or 10 credits (graduate) for **each** quarter you will be abroad. (Please request the "Independent Research Credit and Enrollment Options" packet from our office.) The credit verification form should be submitted with your concurrent enrollment form prior to your departure, and should specify course number(s) and number of credits. Upon completion of your quarter(s) abroad, you must request that your department submit grades to our office.

11. I HAVE FINANCIAL AID. WHAT DO I NEED TO KNOW ABOUT FINANCIAL AID AND FOREIGN STUDY?

Students participating in foreign study programs who receive financial aid should consult the Financial Aid Office about the applicability of their financial aid to their study abroad program or exchange. To request that their aid packages are re-evaluated, students must submit a Budget Request for Study Abroad form to IP&E. Further questions about financial aid in relation to study abroad are directed to the fiscal team at the IP&E office.

Note: If you receive any UW financial aid (grants, scholarships, loans) during the quarter(s) you are abroad, you must have all UW grades and credits reported by the end of the quarter following your foreign study (see section #6 of this form for instructions on how to receive UW grades and credit for your foreign study coursework). **YOUR FINANCIAL AID FOR FUTURE QUARTERS MAY BE CANCELED ("insufficient academic progress") IF YOU HAVE NOT COMPLETED THE CREDIT/GRADE CONVERSION PROCESS IN TIME.** If your aid is canceled, it may be reinstated at a later date, but often it will be a different and less favorable award. If this happens to you, contact our office immediately. Students on academic year exchanges (those offered during fall, winter and spring quarters) or spring quarter programs must have all grades and credits reported by mid-August. You can avoid this problem by making sure you complete the necessary steps to assure your grades and credits can be reported in time.

Financial aid planning/application for following year: For students planning to be abroad for the academic year or for Fall AND Winter quarters, keep in mind that the Financial Aid Forms (FAFSA) for the following academic year are generally available in mid-December. It is possible to apply electronically for *federal* student aid. See the website: www.fafsa.ed.gov. We advise you to look into this process BEFORE leaving for your study site. You may also want to check the UW Financial Aid Office's web site for related information: www.washington.edu/students/OSFA/.

12. SHOULD I CONSULT WITH MY ACADEMIC ADVISOR ABOUT MY FOREIGN STUDY PROGRAM?

Absolutely! You should confer with your academic advisor(s) prior to departure to discuss your academic progress and to be advised about the distribution of credits earned abroad. You should also outline a course plan (with your advisor) for the quarter you return to the UW (see section 13 below).

13. WHAT ARRANGEMENTS DO I NEED TO MAKE FOR WHEN I RETURN TO THE UNIVERSITY OF WASHINGTON?

If you will return to the UW the quarter immediately following your study abroad (except summer quarter), your status as a UW student will not be interrupted. Pre-registration for courses in your returning quarter will take place while you are overseas, and you should either register for yourself on the "MyUW" system from abroad or ask a relative or friend to register for you on the "MyUW" system during this period.

14. HOW DO I CHANGE MY CLASS STANDING FOR PRE-REGISTRATION PURPOSES WHILE ABROAD?

If for pre-registration purposes you need to change your class standing, please send an email, RE: Pre-Registration, to ipe@u.washington.edu with your name, student number, program/exchange name, and number of estimated credits that you will receive for your program/exchange. This situation typically applies to students who are abroad during Spring Quarter.

15. DO I NEED TO SIGN THE "RELEASE" SECTION ON THE CONCURRENT ENROLLMENT FORM?

Yes, all students enrolled in UW foreign study programs must sign the liability release on the first page of the Concurrent Enrollment Form. If you are **under 18 years of age**, a parent or legal guardian must sign this section.

16. WHAT IS THE HEALTH SCREENING FORM? WHY DO I NEED TO COMPLETE ONE?

Study abroad often means that you must live for some time with medical services and general health conditions that are different from those in your home country. If you are accepted to a program/exchange we will require that you have a health screening before going abroad to determine if you have any physical or psychological conditions that would affect your participation. You may consult with your own physician or use the services at the UW Hall Health Center. Please note that when scheduling an appointment with the UW Hall Health Center, you should request a health screening NOT a physical, as the health screening may be used as your one, FREE quarterly visit to Hall Health. If the program/exchange you are going on provides you with its own medical report form, please have the physician complete both forms. Submit the UW IPE Health Screening form to our office **TOGETHER** with your Concurrent Enrollment form. Submit the other medical form (if any) as instructed by the program sponsor.

Section A: INSURANCE Please check the insurance option that will apply to you **while you are abroad**.

| |
|--|
| <input type="checkbox"/> I currently have major medical insurance including international coverage. Name of insurance: _____ Policy #: _____ |
| <input type="checkbox"/> I intend to purchase the <i>UW Study Abroad Insurance Plan</i> (Complete form at: https://www.uhcsr.com/washington) |
| <input type="checkbox"/> I will purchase the national health insurance available in the country in which I will study. (Not an option for most programs.) |
| <input type="checkbox"/> Other: _____ |

Section B: EMERGENCY CONTACT/FINANCIAL AID CONTACT

| | | |
|--|----------|--------------------------|
| NAME**: | | |
| ADDRESS: | | |
| PHONE NUMBER: | DAYTIME: | RELATIONSHIP TO STUDENT: |
| | HOME: | |
| **By law, the person listed above is the only person to whom we are allowed to release your student information. If there are others to whom you would like to extend this privilege, please list them here. | | |
| NAME: | | RELATIONSHIP TO STUDENT: |
| NAME: | | RELATIONSHIP TO STUDENT: |

Section C: RELEASE OF ADDRESS (optional)

The University of Washington Office of International Programs and Exchanges has permission to release my address, e-mail address, and/or phone number to those interested in talking to me about my foreign study experience.

Signature _____ Date (mm/dd/yyyy) _____

Section D: RACE / ETHNICITY (optional)

Race / Ethnicity *

* FOR RECORD-KEEPING PURPOSES ONLY

Section E: FINANCIAL AID INFORMATION

(Only for students receiving financial aid and/or scholarships)

I expect to receive financial aid and/or student loans and/or scholarships for the quarter(s) I am studying abroad. I am aware that I must set up **DIRECT DEPOSIT** through MYUW on-line. I am also aware that if I plan to use my financial aid/scholarships towards program/exchange payments, then I must complete additional forms with the Financial Aid Advisor at the International Programs and Exchanges Office BEFORE the quarter(s) I am abroad begin(s).

Section F: HOW DID YOU HEAR ABOUT STUDY ABROAD? (check all that apply)

| | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Admissions material | <input type="checkbox"/> Brochures | <input type="checkbox"/> Professors |
| <input type="checkbox"/> New Student Orientation | <input type="checkbox"/> International Study Abroad Fair | <input type="checkbox"/> Friends |
| <input type="checkbox"/> UW Catalogs | <input type="checkbox"/> Information meetings | <input type="checkbox"/> IPE website |
| <input type="checkbox"/> Posters/flyers/Advertisements | <input type="checkbox"/> Class visits | <input type="checkbox"/> Other _____ |

Was the availability of study abroad programs influential in your decision to attend the UW? Yes No

UNIVERSITY OF WASHINGTON

Post-Selection Health Screening Form for International Programs & Exchanges

Instructions

INSTRUCTIONS TO THE STUDENT: Please fill out the General Health Report Form (Part I) before your appointment and submit it to your physician. **Note: Please be sure to let your physician know that you will be participating in a UW International Program/Exchange through the IPE office and you would like a health screening.** Submit the completed Health Screening (Parts I, II and III) to the International Programs & Exchanges Office (IPE) with your Concurrent Enrollment Form and IPE Fee.

INSTRUCTIONS TO THE PHYSICIAN: You are requested to evaluate the physical and mental health of the student planning to participate in a study abroad program or exchange. Depending upon the program or exchange, participants spend anywhere from eight weeks (summer) to ten months (academic year) abroad. The pressures of living and studying abroad are considerable. It is extremely important that all participants be able to adjust to dramatic changes in climate, diet, and living conditions. Living overseas can also create emotional and physical stress for those not able to meet the demands of living in a new and different environment. In some cases, mild disorders can become serious under the stress of life in alien surroundings.

Students live in university dormitories with students from the host country or in homes with native families. In some cases, participants will live and study in a situation, which offers few amenities and little privacy. They need tact and sensitivity when dealing with people of their host country and with members of their own group. A student will not be rejected due to a physical or emotional condition unless it is of such serious nature as to prevent successful participation in the program. Information regarding the participant's health, however, will be invaluable to staff in anticipating and dealing with any health problems, which may arise during the student's stay abroad.

It is essential that your reply be based on a current and thorough physical examination and knowledge of the student's medical history.

Information in this report will be shared with program coordinators only on a need-to-know basis.

Please give the completed Health Screening Form to the student upon completion of your exam. Thank you for your cooperation.

HEALTH SCREENING FORM--UW International Programs & Exchanges

LAST NAME _____
BIRTH DATE MM/DD/YY ____/____/____
UW STUDENT NUMBER _____
INTERNATIONAL PROGRAM _____
TERM AND YEAR _____

FIRST NAME _____
MALE _____ FEMALE _____

INSTRUCTIONS TO THE STUDENT:

Please complete the general health survey questions in PART I below to the best of your ability, sign, and submit this form to the examining physician or health care provider, who will complete PART II and PART III. Parts I, II and III should then be submitted to the IPE Office **together** along with the rest of your Concurrent Enrollment packet.

PART I: GENERAL HEALTH (check off or circle items that apply)

My general health is: Excellent ____ Good ____ Fair ____ Poor ____

Over the last year my weight: Has increased ____ / decreased ____ by ____ lbs Has been stable ____

Allergies: Penicillin _____
Aspirin _____
Peanuts _____
Eggs _____
Bee stings _____
Pollen (hay fever) _____
Other (give details) _____

Medications: Antidepressant pills _____
Seizure medications _____
Birth control pills _____
Inhalers _____
Insulin injections/pump _____
Other medications prescribed for medical or mental health conditions (give details) _____

Habits: Cigarette smoking _____
Alcoholic beverages _____

Have you had any physical disability or dramatic diet change over the last 6 months that may make carrying luggage or walking long distances difficult? Yes ____ No ____

Do you have a history of asthma or any other chronic diseases? Yes ____ No ____
Please specify: _____

Have you had any recent symptoms of tuberculosis: prolonged (>1 month) cough, unexplained night sweats, fevers or weight loss? Yes ____ No ____

Are you planning to become or are you currently pregnant? Yes ____ N/A ____ No ____

Do you have any concerns about your health? Are you currently or have you in the recent past, experienced any unusual physical or emotional symptoms THAT CONCERN YOU? Yes ____ No ____

Other Medical history: Surgery (give dates and type) _____
Hospitalization (give dates and type) _____

Student Name:

Student #:

Have you ever experienced any of the following?

- Significant relationship difficulties with parents, authority figures or peers Yes ___ No ___
- Severe mood swings, depression, or sleep disorders Yes ___ No ___
- Anxiety, fear or guilt that interferes with your daily activities Yes ___ No ___
- Alcohol or other substance abuse Yes ___ No ___
- Excessive paranoid thoughts or obsessions Yes ___ No ___

Mental Health Evaluation and Treatment:

Have you been evaluated or treated by a psychiatrist, psychoanalyst, psychologist, therapist, physician, or other health care provider for any mental, emotional, or nervous disorder within the past 5 years?*

Yes ___ No ___

***If yes, your psychiatrist or therapist will need to provide a letter verifying that these issues have been resolved, OR that a plan has been discussed for ongoing treatment and/or support for the duration of the study abroad program. NOTE: You will need to attach this letter to your IPE Concurrent Enrollment Form.**

- Vaccine status: UW Measles Immunity Requirement (required for registration; please verify your immunization status with the Hall Health Immunization Clinic)
- ___ Completed and on file at the UW Student Health Service (Hall Health Center)
 - ___ Temporary waiver received (give expiration date)
 - ___ Permanent waiver is on file at the UW Student Health Service (Hall Health Center)
 - ___ Not sure

STATEMENT: The answers I have given are correct and true to the best of my knowledge. I acknowledge and agree that failure to include relevant health information in this report could lead to my separation from the program. I also acknowledge and agree that I may be required to be evacuated from the program in the event that a medical condition leads medical professionals, the Program Director and the Director of International Programs & Exchange to consider it necessary.

Signature of Student Date

RELEASE OF INFORMATION: I authorize the release of information in this report as well as any other medical information relevant to my study abroad experience to the Office of the Director of International Programs and Exchanges, and to the coordinators of the program overseas. I further authorize the directors of my international program to contact my physician for consultation, as needed in the event they determine that I may need emergency medical treatment. I acknowledge and agree that nothing in the foregoing statement or authorization to release information shall be construed as creating any obligation or duty on the part of UW to obtain medical care on my behalf.

Signature of Student Date

PART II. HEALTH SCREENING EXAMINATION:

(to be performed by the physician or health care provider)

A standard medical screening should be documented in the clinic's official medical record only, and together with any medical reports submitted from outside consultants, is subject to standard policies governing release of confidential health data. **Annual health exams for female patients, complete physical exams for any student patients, patients with existing health conditions requiring medications refills, medical problems needing further evaluation, specific destination travel advise and ordering of travel-related vaccines cannot be accommodated during this 20 minute health screen at Hall Health Primary Care Center. Patients desiring any of these additional services may schedule a separate appointment with a provider at Hall Health or their own personal provider, and if necessary with a travel specialist, either at Hall Health or elsewhere.**

NOTE: It is our policy not to accept reports completed by parent-physicians.

PART III. MEDICAL ASSESSMENT:

(to be completed by the physician or health care provider after reviewing PART I and completing PART II)

Student Name

Student #

Are the statements given by the student in Part 1 of the Health Screening correct to your knowledge?

Yes___ No___

Height:_____ Weight:_____

General state of health: Excellent___ Good___ Fair___ Poor___

Comment on affect and habitus:_____

1. Is the student significantly underweight or overweight? Yes___ No___
2. Is the student allergic to any form of medication? Specify if "yes"_____ Yes___ No___
3. Has the student any physical disability that might cause hardship through change of diet, carrying luggage, or strenuous travel? Yes___ No___
4. Does the student have a history of asthma or any acute or chronic illness? Please specify:_____ Yes___ No___
5. Does the student have symptoms of active tuberculosis? Yes___ No___
6. Does the student any concerns about his/her health? Is the student currently, or has in the recent past, experienced any unusual physical or emotional symptoms THAT CONCERN HIM/ HER? Yes___ No___
7. Is there any history of emotional disturbance in the student, such as: difficulties in relations with parents, authority figures or peers; symptoms indicating mood swings, depression, severe sleep disorders, unusual degree of anxiety, fear, or guilt?* Yes___ No___

***If so, please elaborate in the space provided on the following page or submit a physician's letter that further explains the patient's condition.**

8. Is the student currently under treatment or observation for any physical or emotional condition? Yes___ No___

***If so, please elaborate in the space provided on the following page or submit a physician's letter that further explains the patient's condition.**

Student Name

Student#

9. Are further medical consultations recommended before this student participates in the study abroad program?*

Yes___ No___

- Women's Health
- Sports Medicine
- Eye exam, expanded**
- Dental exam**
- Mental Health
- Nutrition
- Hearing exam, expanded**
- Allergy & Infectious diseases**

**These services are not available at the UW Student Health Service (Hall Health).

Hall Health Immunization Clinic to confirm status of **UW Measles Immunity Requirement**

Other medical consultations (specify) _____

Note: Consultations require separate appointments, except for consulting the Hall Health Immunization Clinic to check on measles immunity status.

10. Based on the geographic location and possible health risks at destination (e.g. malaria, diarrhea, hepatitis A or B, typhoid fever, yellow fever, meningitis, encephalitis, tuberculosis, intestinal parasites, etc.), do you recommend that this student schedule a separate travel clinic appointment to obtain destination specific travel advise, medications, and travel vaccines?

Yes___ No___

11. To your knowledge, are there any predisposing medical, surgical, or emotional factors (including pregnancy) which may under stress or duress during the program present a need for immediate therapy while abroad?

Yes___ No___

If the answer to any of questions 1 – 11 is "Yes", please elaborate in the space provided below, or further explain on a separate, signed note that is printed on physician's office or clinic letterhead. Please be sure to refer to the question by its number:

PHYSICIAN NAME (please print)

PHYSICIAN SIGNATURE

DATE

ADDRESS

ZIP CODE

TELEPHONE NUMBER