

**UCSB Summer Sessions Abroad Travel Clearance Form**

**Due May 15**

To be used in conjunction with the Confidential Health History Form

Student Name	Home Campus	UCSB PERM Number	Social Security Number
Country and City Abroad		Program Name	

Based upon the information provided to me by the student on the Confidential Health History form, and pursuant to a review of the student’s personal health history, I conclude (Please check one box and provide additional information):

- The student is cleared to study abroad, however officials responsible for student welfare at the program site should note the following medical information and needs:  
     Serious active or chronic condition:  
     Critical medications and dosage:  
     Allergies:  
     Disabilities and services needed:
- There are NO medical or psychiatric conditions which may inhibit participation and the student is cleared to study abroad.
- There ARE medical and/or psychiatric barriers to participation, and in my judgment the student should NOT be cleared to study abroad.

I understand the rigors of study abroad and have reviewed the health history with the student.

\_\_\_\_\_  
Signature of physician or health practitioner

\_\_\_\_\_  
PRINTED name of physician or health practitioner

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

**AUTHORIZATION FOR USE OR DISCLOSURE OF MEDICAL INFORMATION**

(NOTE: This authorization is requested of the student to comply with the terms of the Confidentiality of Medical Information Act of 1981, Civil Code Section 56 et seq.)

I hereby authorize the release of the information included on this form to UCSB Summer Sessions . I understand that this information will be used for the purpose of protecting my health during the period of my participation in the program identified on the form, or in the case of a medical urgency abroad.

\_\_\_\_\_  
Student's Signature:

\_\_\_\_\_  
Date: