



U.S. Department of State
Critical Language Scholarship (CLS) Program
Medical Information Form and Physician's Statement

Important Information:

It is important that we be made aware of any medical or mental health issues, past or current, which might affect you while on the CLS Program. The information provided by you and your physician(s) will help CLS Program staff be of maximum assistance to you should a medical need arise while you are studying abroad.

Even if you believe that your condition will not create a problem for you while you are abroad, mild physical or psychological conditions can become serious under the stresses of life in an unfamiliar environment. There may be fewer resources in international settings to help you deal with such conditions. Contact your CLS Program Officer if you have questions about medical or mental health services or access to medications in the host countries.

Your CLS award is contingent upon our receipt of a completed medical information form and physician's statement, and all related documentation, by **April 1, 2014**. The omission or falsification of pertinent medical information may result in revocation or termination of your CLS award.

The purpose of this form is to gather information so that we can help you to manage your health abroad, should the need to do so arise. Your CLS award will not be revoked on the basis of a physical or mental health condition, with the following exceptions:

- 1) it is of such a serious nature or degree as to prevent your successful participation in the program;
- 2) appropriate medical care for the medical condition is not available in the host country; and/or
- 3) the living and environmental conditions to which you could be exposed would present a risk to your health.

Information in these forms will remain confidential, and will be used by Program Staff on a need-to-know basis to ensure your well-being.

All CLS participants are enrolled in the U.S. Department of State Accident and Sickness Policy for Exchanges (ASPE) for the duration of the CLS institutes overseas (from date of arrival in-country until date of departure from the host country on program-provided group flights). Please note that ASPE coverage is not provided during the Washington, D.C. pre-departure orientation. Participants are advised to review the full details of ASPE medical coverage at www.usdos.sevencorners.com.

Instructions:

- 1) You (the participant) must fully complete the “Medical Information Form” (Part I). You will need to complete each question as thoroughly as possible, attaching any additional pages as necessary to complete the form. Attach lists of current medications and explanations for ongoing conditions on a separate sheet. **Note that you will have to get a copy of your immunization record to submit in addition to the Medical Information Form, and should start working on the documentation as early as possible, as it may take some time to produce.**
- 2) The “Physician’s Statement” (Part II) must be completed by a licensed, board-certified physician who is not a member of your family. They may **not** be completed by a Registered Nurse Assistant or Physician’s Assistant, unless co-signed by a licensed, board-certified physician. **Note that if you are seeing a specialist for an ongoing condition, the approval and signature of the specialist(s) in Section One (1) of the physician’s statement must be obtained BEFORE final clearance is signed by the physician in Section Two (2).**
- 3) The Physician’s Statement, Medical Information Form and all supplementary materials including an immunization record must be submitted before your participation in the program can be confirmed. Please keep a copy of the completed and signed forms for your records.

If you are studying...	Submit from here
Chinese, Japanese, Korean	http://deall.osu.edu/cls/2014-registration-info
Indonesian	http://deall.osu.edu/cls/2014-registration-info

- 4) We encourage participation of students with disabilities in the CLS Program, and ask that you complete the CLS Program Disabilities Certification Form and relevant checklists if you need accommodations so that we can begin working with you to make arrangements abroad. Please submit them through the links below:

If you are studying...	Submit from here
Chinese, Japanese, Korean	http://deall.osu.edu/cls/2014-registration-info
Indonesian	http://deall.osu.edu/cls/2014-registration-info



Student Name

Country of Program

Complete the following, attaching additional pages or documentation as necessary, and bring with you to the physician(s) who completes Part II. Do not leave any question unanswered.

1 Yes
 No Are you in generally good physical condition? (If no, please explain below.)

2 Yes
 No Are you currently being treated, or have you been treated within the past five years, for a physical health condition, injury or disease? (If yes, please explain and detail any ongoing treatment.)

3 Yes
 No Are you currently being treated, or have you been treated within the past five years, for a mental health condition, including but not limited to: addiction, depression, anxiety, eating disorder, condition related to loss or grief? (If yes, please explain and include how you plan to manage any ongoing treatment while overseas.)

4 Yes
 No **(4a)** Are you taking any prescription or over-the-counter medications, including for the treatment of asthma? (If yes, please list the medication, what it is used for, and how you plan to continue use overseas. Include any medication you carry for possible use, such as an inhaler.)

4 Yes
 No **(4b)** Do you have any allergies? Are you taking any prescription or over-the-counter medications for allergies, or do you need to carry medication for emergency use only or in the event of an allergic reaction? (If yes, please list the medication, what it is used for, and how you plan to continue use overseas. Include any medication you carry for possible use, e.g., bee sting kit, epinephrine, etc.)

(4c) If you answered yes to question 4b, what kind of treatment is required in the event of an allergic reaction emergency? (Please be specific; include medication names and dosages when possible.)

Note: Please bring enough medication with you to last the length of your CLS Program, as it can be difficult or impossible to obtain prescriptions while overseas. Additionally, some common medications, including but not limited to those for pain, ADHD, anxiety, depression or insomnia are illegal in some countries. You are responsible for ensuring that all medications are legally permissible abroad and for making any necessary prescription changes in consultation with your physician well ahead of the start of the CLS Program. **CLS administrators and staff are not responsible for procuring or administering medication.**

5 Are you a vegetarian or on a restricted diet? (If yes, please provide details.) **Note:** Depending on the location of your program and the housing and meal arrangements provided, special dietary requests (medical or other) may be difficult to accommodate and are not guaranteed. Please contact the CLS staff at American Councils or OSU/OU with any questions regarding dietary restrictions.

- Yes
 No

6 Do you have a medical condition or disability (e.g., hearing or visual impairment, learning disability, ADHD, anxiety, diabetes, epilepsy, etc.) that may require reasonable accommodations to fully participate in the CLS Program? (If yes, please explain and complete the relevant CLS Program Accommodations Request forms separately.)

- Yes
 No

7 Is there any additional information that we should be aware of before you study abroad? (If yes, please explain.)

- Yes
 No

8 Circle if you have had:

Allergies to medications or vaccines	Yes	No	Diabetes	Yes	No
Other allergies	Yes	No	Anemia or bleeding disorder	Yes	No
Severe allergic reaction	Yes	No	Thyroid problems	Yes	No
Asthma/Respiratory Disease	Yes	No	Arthritis	Yes	No
Tuberculosis	Yes	No	Muscle disease or skeletal abnormality	Yes	No
Heart disease/problems	Yes	No	Chronic skin condition	Yes	No
Bladder/Kidney problems	Yes	No	Cancer or leukemia	Yes	No
Ulcer/Colitis	Yes	No	Eye abnormality or disease	Yes	No
Chronic indigestion, diarrhea	Yes	No	Hearing loss	Yes	No
Immune system problems	Yes	No	Anorexia/Bulimia	Yes	No
Abnormal weight loss or weight gain	Yes	No	High blood pressure	Yes	No

Hepatitis/Gallbladder disease	Yes	No	Persistent or recurring headaches	Yes	No
Impaired use of any limbs	Yes	No	Epilepsy/Seizures	Yes	No
Insomnia/Sleep disorders	Yes	No	Mental Illness	Yes	No

Comment below on any condition(s) for which you answered "Yes" above (attach additional pages as necessary).

9 Allergies and food intolerances

As applicable, you should discuss the following information with your physician:

You should bring a sufficient amount of any necessary medication to last the entire duration of the program. Medications that are easily obtainable in the U.S. may be unavailable overseas. This includes medication that may be carried as a precaution in case of allergic reactions, asthma attacks, etc. **CLS administrators and staff are not responsible for procuring or administering medication.**

Many allergies and food intolerances that are common in the U.S. are less common or even completely unknown overseas. You are advised to exercise more caution than you would in the U.S. in order to avoid allergens. For example, nuts are common in many dishes, especially desserts in the Middle East, while nut allergies are virtually unknown. Even if you explain that you have a nut allergy, people may assume this means only whole peanuts, and not consider the use of peanut products, or know that an allergy may apply to other types of nuts. While local staff will make all reasonable efforts to accommodate food allergies and provide appropriate training to host families (where applicable), you are advised that participants are ultimately responsible for taking active steps to monitor food and ensure avoidance of any allergens.

If you have an epi-pen or inhaler for use in case of emergency, it is VITAL that you carry it with you at **all** times throughout the program. This includes during class, organized excursions, free time, and on any independent travel. You are encouraged to travel with an ample supply of emergency medications as the climate, culture, and environment of the host country will likely differ greatly from what the participant is used to and may result in an increased use in the medication. For this reason, you are encouraged to speak with your physician about the medical supplies necessary in the event you experience more than one allergic reaction during the summer. Please discuss with your physician the options for procuring sufficient medication for use in case of emergencies.

10 Immunization History

Attach a copy of your immunization history.

The CLS Program does not require any particular immunizations as a condition of participating in the program. However, we recommend that you consult with your physician regarding your immunization history. As non-medical professionals, staff of the U.S. Department of State, American Councils, and OSU/OU cannot provide advice as to what, if any, immunizations are necessary or what other particular medical precautions participants should take prior to traveling to the host country. In addition to consulting your physician, participants should review the Centers for Disease Control and Prevention Travelers' Health website for your CLS Program country: <http://wwwnc.cdc.gov/travel/>. The CDC Travelers' Health website provides a general overview of health conditions by country, plus information on required and recommended vaccinations and disease prevention strategies.

The student is responsible for obtaining, and paying for any immunizations or medications.

11 Emergency Contacts

1. Name _____

Telephone _____

Address _____

Cell _____

Relationship to student _____

E-mail _____

2. Name _____

Telephone _____

Address _____

Cell _____

Relationship to student _____

E-mail _____

I certify that all responses made on this medical information form are true and accurate, and that I will notify the CLS Program staff hereafter of any relevant changes in my physical, psychological or emotional health that occur prior to the start of my program. I understand that the CLS Program will do its best to accommodate my needs, though not all accommodations are possible. I understand that it is my responsibility to visit a medical professional(s) and plan for my medical needs overseas in consultation with said professionals, U.S. insurance company, and others. I also understand that I cannot expect accommodations for those situations that I have not disclosed and that any false or inaccurate information may affect my program participation.

12

Student Signature

Date



U.S. Department of State
Critical Language Scholarship (CLS) Program
Part II: Physician's Statement

Student Name

Country of Program

TO THE PHYSICIAN: The Physician's Statement must be completed by a licensed, board-certified physician who is not a member of the student's family.

The student above intends to participate in the Critical Language Scholarship (CLS) Program. CLS provides group-based intensive language instruction and structured cultural enrichment experiences overseas for seven to ten weeks each summer. Students are required to attend all classes and mandatory cultural activities. Classes are held for at least four hours a day, five days a week, with additional academic requirements and structured activities on many afternoons, evenings and weekends. Housing varies across CLS sites, and may include home-stay families, or double-occupancy dormitory, apartment or hotel rooms. Adjusting to a new culture, in addition to participating in an intensive language institute, can be extremely stressful, and can exacerbate existing physical, psychological, or emotional issues.

Please indicate, after reviewing the student's forms and medical records, if available, whether the student named above has a history of chronic or disabling physical conditions, any allergies that may require either continuing or emergency treatment, any special dietary restrictions, or any other physical, psychological, or emotional condition, which might affect his/her well-being, or that of fellow students, while participating in an intensive language program overseas this summer in the country listed above. The effect of adverse environmental conditions, such as extreme heat or tropical weather conditions, altitude, air pollution, poor sanitation and exposure to tropical diseases, or any existing medical problems should be considered.

In addition, please list the generic names for any prescription medicine the student requires which may not be readily obtainable abroad. Please note that students are asked to bring a full supply of any required medication that lasts the duration of the CLS Program with them. Note: Some common medications, including but not limited to those for pain, ADHD, anxiety, depression or insomnia are illegal in some countries. The student should discuss with you alternatives to his/her medications, should his/her prescriptions fall under this category.

PLEASE PRINT CLEARLY. ALL APPLICABLE LINES AND BOXES MUST BE COMPLETED.
INCLUDE ADDITIONAL EXPLANATION/INFORMATION AS APPLICABLE.

Please review the student's Medical Information Form and medical records, if available.

- 1. If the student is seeing a Specialist for an ongoing condition, the approval and signature of the specialist(s) in Section One (1) must be obtained BEFORE final clearance is signed by the Physician in Section Two (2).**
- 2. IMPORTANT NOTE: Legible names of the Physician and the Specialist, if the student is seeing one, are required. FORMS WITHOUT SIGNATURES AND THE REQUIRED INFORMATION WILL BE CONSIDERED INCOMPLETE and may prevent the student from participating in the CLS Program.**

I have read the above information about the rigors of the CLS Program and reviewed the student's Medical Information Form and medical record, if available. Based upon the information provided to me by the student on the Medical Information Form, and pursuant to a review of the student's personal health history, I certify, to the best of my knowledge, that the student is:

Section One (if applicable): Licensed Specialist/Psychotherapist
If seeing a Specialist, this section must be completed before Section Two.

- CLEARED. There are NO medical/psychiatric contraindications to participation.**
- CLEARED WITH CONDITIONS.** Student should arrange the following before CLS participation:
 - Accommodations to facilitate the student's program (e.g., note taking, wheel chair access, etc.).
 - Student should complete the appropriate CLS Program Accommodations Request Form.
 - Services that would facilitate a healthy and safe stay overseas (e.g., regularly available psychiatric therapy, allergy treatment, etc.). **Please explain, attaching additional pages as necessary:**

 - A sufficient supply of medication to last the duration of the program or provide assurance that the medication is locally and legally available. **Indicate generic name:** _____
- Student is **NOT** cleared to participate: There are medical contraindications to CLS Program participation.
- Student is **NOT** cleared to participate: There are psychiatric contraindications to CLS Program participation.

Name and Title (please print): _____

Address: _____

Phone Number: _____

Signature: _____

Date: _____

Section Two (required): Licensed, Board Certified Physician

- CLEARED. There are NO medical/psychiatric contraindications to participation.**
- CLEARED WITH CONDITIONS.** Student should arrange the following before CLS participation:
 - Accommodations to facilitate the student's program (e.g., note taking, wheel chair access, etc.). Student should complete the appropriate CLS Program Accommodations Request Form.
 - Services that would facilitate a healthy and safe stay overseas (e.g., regularly available psychiatric therapy, allergy treatment, etc.). **Please explain, attaching additional pages as necessary:**

 - A sufficient supply of medication to last the duration of the program or provide assurance that the medication is locally and legally available. **Indicate generic name:** _____
- Student is **NOT** cleared to participate: There are medical contraindications to CLS Program participation.
- Student is **NOT** cleared to participate: There are psychiatric contraindications to CLS Program participation.

Name and Title (please print): _____

Address: _____

Phone Number: _____

Signature: _____

Date: _____