

## STUDY ABROAD & EXCHANGE STUDENT PROGRAMS

### HEALTH CLEARANCE

Student ID#: E _____		
Last Name _____	First Name _____	Middle Name _____
Cell Phone # _____	Age _____	Date of Birth _____
Emergency contact & Relationship: _____		Phone # _____
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<b>Program Information:</b>		
Institution of Study: _____		
Address: _____		
City: _____	State: _____	Country: _____ Zip: _____
Phone # _____		

#### Part 1: Medical Clearance

Please contact your primary healthcare provider (PCP) 4 months before your scheduled trip to obtain necessary immunizations and medical clearance. Your PCP needs to sign this form below.

- Kaiser members – please call (888) 988-2800 to schedule an appointment with the travel nurse clinic.
- Non-Kaiser members – please call your PCP to schedule a travel consult and obtain immunizations and clearance. If your PCP does not offer travel medicine, you may call Passport Health at (888) 499-7277 to schedule an appointment. Please note that Passport Health does not bill your insurance but will provide you with an itemized bill that you may turn in to your insurance carrier for possible reimbursement.

**Student has medical clearance for travel to above country.**

Healthcare Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(not valid without office stamp)**

#### Part 2: International Health Insurance

By signing this form on behalf of your student or yourself, you affirm under penalty of perjury the information provided herein is true to the best of your knowledge, that you are 18 years of age or older and have full authority to enter into this agreement. It is your responsibility to obtain/purchase health insurance that will cover you while traveling abroad.

I will not seek damages from Concordia University or their affiliates and I will accept full financial responsibility for medical expenses incurred while traveling abroad.

Student signature \_\_\_\_\_ Date: \_\_\_\_\_

*If under 18, parent/guardian signature*