



American Junior Year

Medical Forms for study abroad in Heidelberg, Germany

STUDENT: Please complete both pages of the Medical History Questionnaire before your physician's appointment. The Physical Exam and Health Clearance Form must be signed by the examining physician and returned to the AJY Office at Heidelberg University in Tiffin, Ohio, before participating in the AJY program.

PHYSICIAN: The student, whose name is listed on the attached Physical Exam and Health Clearance Form, has been selected to participate in a semester, year, or summer of study at the University of Heidelberg in Germany in a program sponsored by Heidelberg University, Tiffin, Ohio.

Living and studying in a foreign environment frequently creates unexpected physical and emotional stress, which can exacerbate otherwise mild disorders. Rather than alleviate symptoms of problems experienced at home, study abroad can often magnify these problems.

A Health Clearance is required for participation in the AJY program. Please note that:

1. The student must present you with a fully completed AJY Medical History Questionnaire. Please review this form carefully with the student for accuracy and completeness. Of particular relevance are immunizations that may be needed, allergies the student may have, and all currently active health problems.
2. Special attention should be paid to any emotional or psychological problems and the medications the student is taking. The AJY program is especially concerned for the well-being of students who are anorexic or bulimic and those who have bi-polar disorders or depression that require medication, as these conditions may escalate in a foreign environment. Students may be cleared with these conditions provided they are in compliance with and stabilized on their medication.
3. Students should be made aware of the need to ascertain the availability in Germany of medications they are taking and/or to assure that they have an adequate supply of any medications needed. The need for counseling or laboratory testing while abroad should also be determined so that the AJY program can make possible arrangements on site.
4. Physical or learning disabilities should be noted on the form along with indications of the facilities or services required abroad, so that the AJY program can make possible arrangements on site.

Students may be cleared for participation so long as, in the opinion of the examining practitioner, any medical condition they may have is under control and they have been stabilized on their medication for a reasonable period of time.

Immunization Record

*****REQUIRED*****

(**) Please note that the immunization record below must be completed in its entirety.

**M.M.R. (Measles, Mumps, Rubella) (Two doses REQUIRED after 12 months of age-need <u>childhood dates</u>)	_____ M D Y	_____ M D Y			
**TETANUS-DIPHTHERIA IMMUNIZATION (Include childhood dates and at least 1 booster date within past 9 years- REQUIREMENT)	#1 _____ M D Y	DTaP/DPT #2 _____ M D Y	DTaP/DPT #3 _____ M D Y	DTaP/DPT #4 _____ M D Y	**Tetanus Td/TDaP Booster (most recent booster must be within the past 9 years) ____/____/____ M D Y
**POLIO IMMUNIZATION (Primary series in childhood meets REQUIREMENT).	OPV #1 _____ M D Y	OPV #2 _____ M D Y	OPV #3 _____ M D Y	OPV #4 _____ M D Y	
**CHICKEN POX <small>History of chicken pox disease, positive antibody test OR documented vaccination dates meet the REQUIREMENT.</small>	History of Disease Yes or No Age of disease ____ yrs. old	Positive Antibody Titer Y or N _____ M D Y	Date of Vaccine (If no history of disease) #1 _____ M D Y	Date of Vaccine #2 _____ M D Y	
**HEPATITIS B (3) doses meet the REQUIREMENT.	#1 _____ M D Y	#2 _____ M D Y	#3 _____ M D Y		
**TUBERCULIN SCREEN & MANTOUX TEST REQUIREMENT Have you ever had a positive TB skin test? Yes / No	Have you ever had close contact with anyone who was sick with TB? Yes / No	Were you born or have you traveled to a country with a high rate of TB? Yes / No If yes, where? _____	Have you been vaccinated with BCG in an international country? Yes / No	Have you ever had a positive TB skin test? Yes / No	**Tuberculin (PPD-Mantoux Test) Date Given ____/____/____ Date Read ____/____/____ Results ____mm Neg./Pos
MENINGOCOCCAL MENINGITIS A, C, Y, W-135 (STRONGLY RECOMMENDED)	Menactra or Menomune _____ M D Y				

NOTES (Explanations for “yes” answers on Page 2):

I hereby certify that all information I have provided is true and correct to the best of my knowledge.

 Student Signature

 Date

PHYSICAL EXAM* & HEALTH CLEARANCE FORM

NAME _____	DATE OF BIRTH _____	AGE _____
HEIGHT _____	WEIGHT _____	% BODY FAT (optional) _____
BP _____ / _____	PULSE _____	
VISION R 20/ _____ L 20/ _____	CORRECTED: Y _____ N _____	PUPILS: EQUAL _____ UNEQUAL _____

Notes: _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ ears/ nose/ throat		
Hearing		
Lymph nodes		
Heart		
Murmurs		
Pulses		
Lungs		
Abdomen		
Skin		
MUSCULOSKETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/ hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

Pre-existing Medical/Emotional Conditions: _____

HEALTH CLEARANCE
 Based upon the information provided to me by the student on the Medical History Questionnaire and/or after a physical examination, I have determined that (check ONE box and supply additional information as needed):

Cleared, without restriction, for study abroad with the American Junior Year/Heidelberg at Heidelberg program.

Cleared, with restrictions (i.e. physical activities) or recommendations for further evaluation/treatment. Comments: _____

Not cleared for study abroad Reason: _____

SIGNATURE

For what length of time have you treated the student? _____

I have read the information about the rigors of study abroad and have reviewed the health history with the student.

Printed name of Physician: _____ **Phone:** _____

Signature of Physician: _____ **Date Completed:** _____

*Chiropractic Examination is not accepted.