



Belize – Women’s Health & Spirituality

Medium Medical Risk Destination

PARTICIPANT HEALTH INFORMATION FORM

Because mild, pre-existing health disorders can become serious under the stresses of life while studying abroad, it is important to have a health care provider evaluate any conditions which might limit your ability to successfully undertake the study abroad program. While the University makes a reasonable effort to accommodate health needs abroad, some destinations may not be suitable for individuals with certain health conditions.

Instructions to student

- **You** must give your medical doctor and/or psychiatrist a copy of this form. This individual should be well-acquainted with your medical history.
- **Your health care provider** must complete and sign the second page
- **You** must upload a signed copy of this form to your GoAbroad account in order to participate in the program.

Instructions to the Participant’s Health Care Provider

Please evaluate this individual’s health, taking into account that living and studying in a foreign environment frequently triggers unexpected physical and emotional stress, which can exacerbate otherwise mild disorders. The participant must be able to adjust to potentially dramatic changes in climate, diet, living arrangements, social life, and study demands that may seriously disrupt accustomed patterns of behavior. Moreover, although health care in some places is readily available and of sufficiently high quality, the participant may be going to a location where treatment is difficult to obtain and/or less reliable. In some instances, the participant often will not have convenient, if any, access to the kinds of resources and support she/he may be dependent on at home.

(This section to be completed by the student)

Permission to release information to the University of Vermont

I, _____ (Student name), hereby authorize _____ (Health Care Provider), to provide full information requested on this form and based on Health Care Provider’s knowledge of medical conditions I may have. This information will be provided to and will be relied on by University of Vermont personnel to authorize my participation in a study abroad program.

Name: (please print) _____ Date: _____

Signed: _____ Phone: _____

(This section to be completed by a certified health professional)

This individual will participate in a program of study in **BELIZE**. International SOS, the organization that assists UVM affiliates on health and safety matters, has assigned to this country the following medical risk rating: **Medium Risk: Countries where high or international standard medical care is available from selected providers. Reliable emergency services and dental care is usually available. There is some risk of food or water-borne diseases. Diseases such as malaria and dengue fever may be present. Illness/injury requiring surgery may require evacuation.**

Physical demands and related health issues for this program: *None*

Certifying Professional (please print):

Name: _____ Credentials: _____

Address: City: _____ State: _____ Zip Code: _____

License/Certification number and state of licensure: _____

Date of initial contact with student: _____ Date of last contact with student: _____

Please check only one

On the basis of my knowledge of this student’s mental and physical health, the country’s medical risk rating and the program itinerary, I ...

... find no medical or psychological contraindications to her/his participation in this program.

OR

... recommend against his/her participation in this program.

OR

... support his/her participation in this program, but only under the following conditions:

I have discussed my response above with the participant, have provided appropriate counseling and care instructions, and am returning the form to the student.