

Student First and Last Name \_\_\_\_\_

UC Campus \_\_\_\_\_

UCEAP Program Country/Countries \_\_\_\_\_

Program Title \_\_\_\_\_

Partner/Host University \_\_\_\_\_

Term \_\_\_\_\_

Multi-city

**HEALTH CARE PROVIDERS must be licensed to practice and cannot be an immediate family member. AMA Code of Ethics E-8.19**  
**Check either 1 or 2 in the appropriate box below. Only disclose information that is necessary and relevant to UCEAP's health clearance process.**

*I have reviewed the student's self-reported health history and available medical records. Based on the information provided to me by the student, a review of their available medical records, specialist recommendations provided (if applicable), and knowledge of the student's UCEAP program destination, to the best of my knowledge, the student is:*

<p><b>Licensed SPECIALIST or PSYCHOTHERAPIST</b>  <i>Section and signature only required if student is being treated by one.</i></p> <p>1. <input type="checkbox"/> <b>CLEARED</b> (Check all that apply below)</p> <p><input type="checkbox"/> 1.a No medical or psychiatric contraindications to UCEAP participation.</p> <p><input type="checkbox"/> 1.b Student advised to arrange services to facilitate education (e.g., note-taking, wheelchair access). A letter from the UC disability services office documenting the disability and indicating who will pay for services is required.</p> <p><input type="checkbox"/> 1.c Student strongly advised to continue treatment abroad. (e.g., counseling, medical monitoring)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Student has a treatment plan.  <input type="checkbox"/> Student is stable.</p> <p><input type="checkbox"/> 1.d Student advised to find out if medication (or appropriate substitute) is locally available. Student advised to carry a sufficient supply to last through entire program (if allowed by customs).</p> <p><input type="checkbox"/> 1.e Additional details attached in a separate letter regarding student's condition.</p> <p>2. <input type="checkbox"/> <b>NOT CLEARED:</b> There are <b>medical or psychiatric contraindications</b> to UCEAP participation.</p>	<p><b>Licensed GENERAL PRACTITIONER (MD, DO, NP, RN, or PA)</b>  <i>Section and signature required for all students.</i></p> <p>1. <input type="checkbox"/> <b>CLEARED</b> (Check all that apply below)</p> <p><input type="checkbox"/> 1.a No medical or psychiatric contraindications to UCEAP participation.</p> <p><input type="checkbox"/> 1.b Student advised to arrange services to facilitate education (e.g., note-taking, wheelchair access). A letter from the UC disability services office documenting the disability and indicating who will pay for services is required.</p> <p><input type="checkbox"/> 1.c Student strongly advised to continue treatment abroad. (e.g., counseling, medical monitoring)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Student has a treatment plan.  <input type="checkbox"/> Student is stable.</p> <p><input type="checkbox"/> 1.d Student advised to find out if medication (or appropriate substitute) is locally available. Student advised to carry a sufficient supply to last through entire program (if allowed by customs).</p> <p><input type="checkbox"/> 1.e Additional details attached in a separate letter regarding student's condition.</p> <p>2. <input type="checkbox"/> <b>NOT CLEARED:</b> There are <b>medical or psychiatric contraindications</b> to UCEAP participation.</p>
<p>Licensed Specialist: <i>Print name and credentials</i></p>	<p>Licensed General Practitioner: <i>Print name and credentials</i></p>
<p>Signature: _____</p>	<p>Signature: _____</p>
<p>Date: _____ Phone number: _____</p>	<p>Date: _____ Phone number: _____</p>
<p><b>CLEARING PRACTITIONER RUBBER STAMP OR BUSINESS CARD HERE:</b></p>	

**I am compliant with the UC Policy Vaccine Mandate by either receiving a COVID-19 vaccine, OR receiving a UC Approved Exception or Deferral:**

Yes

No

**Submit completed form by either eFax or email by the deadline stipulated in the UCEAP Portal.**

**eFax** (805) 893 3021 *This is a secure, HIPAA-compliant eFax portal.*

**Email** [healthclearance@uceap.universityofcalifornia.edu](mailto:healthclearance@uceap.universityofcalifornia.edu)

*NOTE: Using non-encrypted email to send your completed health clearance is not private or secure. Also, there is a possibility that the email could be intercepted and read by others whom you did not intend to receive it.*