



Stonehill College Domestic and International Travel/Study Programs | Pre-Travel Medical Screening FORM B

If you have participated in a Stonehill College program involving travel and have previously submitted to Health Services the Stonehill College Domestic and International Travel/Study Programs Pre-Travel Medical Screening Form A indicating medical clearance by your PCP, please use Form B for additional pre-travel preparation. PCP clearance is NOT required for completion of Form B for subsequent travel programs if you were cleared for your initial travel program AND there has been no change in your health status.

Domestic and international travel programs can be physically and emotionally demanding and clinical resources may be limited in some locations. The intention of our medical review process is to help you anticipate your medical needs and enable you and your clinician to formulate a plan of support and care during your travels. Health Services recommends you consult with your PCP and/or a Travel Clinic and review the CDC travel site for health notices and recommendations/requirements for specific vaccines and/or additional medications. Return completed FORM B to Health Services in person, by fax (508-565-1510), or by mail. Please answer "YES"/"NO" questions by circling your answer.

FORM B must be received in Health Services at least 60 days prior to travel. Forms received after 60 days prior to travel may not be able to be processed in time for travel clearance approval. For questions, call Health Services at 508-565-1307.

To be completed by the student (applicant)

Name		Program Name	
Date of Birth Class Year		Program Location(s)	
Phone		Departure Date/ Return Date	
Provide program name(s), location(s), date(s) for which you were previously medically cleared by your primary care provider using the Stonehill College Pre-travel Medical Screening FORM A:			
Has your PCP ever noted there were medical or mental health contraindications for your participation in a program? If yes, please explain:		YES	NO
Do you have any allergies to medications, foods, insects, pets or "other"? If yes, please list:		YES	NO
Are you taking any medications? If yes, please list ALL medications below (including prescription and over-the-counter medications, Epi Pens and Inhalers, vitamins, supplements, birth control):		YES	NO
<ul style="list-style-type: none"> • While traveling, all medications should be placed in your carry-on luggage in the original prescription packaging. • Please remember to bring as needed medications, such as Inhalers and Epi Pens with you on your trip. • Please ensure you have an ample supply of medication with timely expiration dates so medication will last for duration of trip and will not expire while traveling. 			
List your medical history, including any chronic or current medical conditions, significant injuries, hospitalizations, or surgeries in the past 5 years. If no history of medical problems, please write "NONE"			
Does your health keep you from participating in any physical activities? If yes, please describe:		YES	NO
Have you been under the care of a psychiatrist, psychologist, therapist /counselor in the past 5 years for a mental health issue? If yes, please describe:		YES	NO
Have you ever been prescribed psychiatric medication? If yes, please list:		YES	NO
State any changes in your physical and/or mental health, allergies, or medications since your Pre-Travel Medical Screening FORM A submission to Health Services. If no changes, please write "NONE".			

Student Name: _____

Student Name: _____

Is there anything about your health/medical history that may be a factor in an emergency? If yes, please explain:	YES NO
Stonehill College Health Services recommends you discuss with your healthcare provider(s) a plan of care for your medical and mental healthcare needs while participating in any off-campus travel program.	
If you have a medical/psychiatric condition, we advise the following: <ul style="list-style-type: none">• Have a treatment plan in place for each medical/psychiatric condition• Have a plan in case you have an acute exacerbation of any of your chronic medical conditions• Have a plan for access to adequate prescription medications and health care supplies for the duration of your program	
For international travelers: <ul style="list-style-type: none">• Health Services advises that participants traveling internationally access destination-specific health, safety, and immunization-related information on the Center For Disease Control (CDC) website: www.cdc.gov/travel . Many countries recommend or require specific immunizations.• All students traveling to developing countries are advised to consult with a Travel Health Clinic regarding immunization and healthcare recommendations prior to travel.• Please note Travel Clinics usually require an appointment to be scheduled at least 4-6 weeks prior to travel. Since some immunizations/medications need to be started 4-6 weeks prior to travel, it is important to book an appointment early in the process.	

I certify I have read and understand this form in full. I certify the information I have provided within this form is complete and accurate and I give permission for the information on any page of this form to be shared with College officials and medical providers in connection with my travel program. By completing this form and submitting it, I certify that I have a plan in place for any medical/psychiatric conditions or concerns while traveling. I am aware Stonehill College Health Services advises all international travelers to consult with their PCP and a travel clinic 4-6 weeks prior to traveling and I have reviewed CDC travel recommendations for travel destination(s). **I understand that in order to participate in a Stonehill Travel Program my routine immunizations need to be up to date and I acknowledge that I am in compliance with Massachusetts immunization requirements for college students.**

Applicant (Student) Signature: _____ Date: ____/____/20__

Name of Student's Licensed Physician/Healthcare Provider:	Address, Phone, and Fax:
---	--------------------------

**Completed FORM B should be returned to Stonehill College Health Services by mail, in person or by fax
AT LEAST 60 DAYS PRIOR TO DEPARTURE DATE.**

Stonehill College Health Services
320 Washington Street – Easton, MA 02357
508.565.1307 (phone) – 508.565.1510 (fax)

For Stonehill College Health Services Administrative Use Only: <ul style="list-style-type: none"><input type="checkbox"/> The required documentation has been reviewed and the documentation supports student's application for participation in the program.<input type="checkbox"/> The required documentation has been reviewed and there may be medical/psychiatric contraindication to participation in the program.<ul style="list-style-type: none"><input type="checkbox"/> The student is advised to call Health Services at 508-565-1307 to further discuss.<input type="checkbox"/> The student may not participate without further supporting documentation from their healthcare provider(s).<input type="checkbox"/> The required documentation has been reviewed and the documents indicate student has NOT been cleared for participation in the program. Notes: _____ _____ Stonehill Clinician Name: _____ Stonehill Clinician Signature: _____ Date: ____/____/20__
