

Claremont McKenna College  
CMC Student Sponsored International Travel Health Assessment Form

## Part A: Self-Assessment

**REQUIRED FOR ALL STUDENTS to REVIEW**

**SELF-ASSESSMENT CONSIDERATIONS.** Before completing the Self-Assessment Checklist on page 2, please consider the following aspects of well-being abroad. Reflect on your current needs, treatment regimens, and how to meet your needs abroad using various resources.

Consult with your physician, therapist, and/or your trusted contact in the Dean of Students' Office: If you have not disclosed your travel plans to your current physician, mental health provider, or other personal resource people, we encourage you to schedule a consult or phone conversation. Complete this assessment, and use it as a resource to discuss your needs. Discuss any special program requirements or unique environmental factors you may experience while abroad; review these considerations together, and discuss actions that you can take to manage your health abroad.

- **Vaccinations and Disease Prevention:** Before completing this form, review travel considerations, prevention strategies, and recommended vaccinations for your destination(s) at [CDC Travelers Health](#). Review your program provider's websites and pre-arrival materials. Investigate available information on the [World Health Organization](#). The [U.S. State Department's travel website](#) also has an extensive amount of pertinent information.
- **Routine Care:** Well before travel, consider routine care that you receive or may need while abroad. Any routine physical, eye, dental, or similar exams should be completed prior to travel. Discuss ongoing medical care for pre-existing conditions while abroad such as lab work, counseling, and therapy with your Current Provider or with the CMC provided Zurich International Travel Insurance.
- **Medications (Prescription or Over-the-Counter):** Do not assume your medications will be available or allowed in your country(ies) of travel; U.S. medications may be unlicensed or controlled at the destination. Plan early if you require routine or prescription medications. Countries also have different rules for carrying medications across borders. Review [the U.S. Department of State website](#) for questions regarding specific medication rules at your destination.
- **Reasonable Accommodations.** Students are responsible for requesting any reasonable accommodations required for any disability in an appropriate period prior to departure. In order to obtain accommodations support for any disability diagnosis while abroad, you may be required to provide specific information and copies of appropriate documentation of disability from CMC's Accessibility Services Office. Current accommodations may not be available or, possibly only minimally available at your abroad institution so advance research is crucial.
- **Dietary Restrictions / Allergies:** If you have dietary restrictions, and/or food allergies, discuss them with your physician. While accommodation cannot be guaranteed, you will have more detailed information prior to arrival – allowing you to take responsibility for your dietary restrictions / allergies.
- **Health Insurance Abroad:** You will continue to have at least two insurance plans. (1) Your Primary or U.S. insurance policy (Kaiser, Blue Cross, SHIP, etc.) as required by CMC, (2) A Secondary or Supplemental International Emergency Health Insurance purchased by CMC on behalf of the student through Zurich. It is important to familiarize yourself with the coverage options available to you through these plans.

**SELF-ASSESSMENT CHECKLIST**

Please review the five questions below and answer each by checking “Yes” or “No.” **This is a private form for you and may be helpful to guide a consultation with your health care provider.** Answer each question honestly.

1	Do you have disability diagnoses requiring accommodation?	Yes	No
	If yes, are you discussing your needs with a member of the Accessibility Services Office or CMC staff?	Yes	No
2	Do you have any food, drug, animal, or other allergies?	Yes	No
	If yes, are your symptoms life threatening?	Yes	No
3	Are you on a medically restricted diet?	Yes	No
4	Do you require, or plan to use, medications while abroad?	Yes	No
	Do you plan to use vitamins or other supplemental while abroad?	Yes	No
5	Have you been treated in the last three years, or are you currently being treated, for any of the following conditions?	Yes	No
	• General: Alcohol/Substance abuse, Eating Disorder, Severe Migraine, Immunodeficiency, Seizure Disorder, Anemia or Bleeding Disorder	Yes	No
	• Respiratory: Asthma, Tuberculosis	Yes	No
	• Gastrointestinal: Crohn's Disease, Ulcerative Colitis	Yes	No
	• Infectious Diseases: HIV/AIDS, Hepatitis	Yes	No
	• Endocrine: Diabetes	Yes	No
	• Mental Health: Anxiety, Bipolar Disorder, Depression, Obsessive Compulsive Disorder, ADD/ADHD	Yes	No
• Other chronic physical or mental health condition(s), to include Cancer or Tumors	Yes	No	

Now, consider your answers to the Self-Assessment in light of the considerations discussed on page 1 and your answers to questions on page 2. If you answered “yes” to any of the questions above, how might those conditions impact your experience abroad? Will you have the resources, support, and accommodations to properly manage your health and well-being? From whom can you seek appropriate guidance for these concerns? Please arrange to discuss these questions with a healthcare provider, a DOS or CMC staff member, and/or family members.

**KEEP THIS FORM FOR YOUR RECORDS AND SHARE WITH YOUR HEALTH CARE PROVIDER AS NECESSARY.**

**YOU ARE NOT REQUIRED TO SUBMIT PART A (this page) TO YOUR SPONSOR/HOST**

**Part B: Statement of Understanding**

**REQUIRED FOR ALL STUDENTS to COMPLETE AND SUBMIT TO CMC SPONSOR**

Student Name: \_\_\_\_\_

Program: \_\_\_\_\_

Many students who have a pre-existing or chronic condition successfully intern abroad every year. To mitigate potential challenges, students are encouraged to assess their individual needs early in the international travel planning processes and consult with the appropriate resources to plan for any needed accommodations or support. Students must be proactive and advocate for themselves.

**I have reviewed the Self-Assessment Considerations and completed the Self-Assessment Checklist (Part A), and I understand that my health and well-being are my responsibility.** I understand that a failure to properly assess and /or plan for a condition that significantly impacts or disrupts the program or substantially threatens my well-being or the well-being of others may result in involuntary withdrawal from the program. If I am withdrawn for such reasons, I will be responsible for returning all or a portion of my funding to Claremont McKenna College.

I understand the importance of planning early to identify concerns and make appropriate arrangements or accommodations for my needs.

After assessing my needs, I am confident in my ability to provide for my own health and well-being **OR** I have/will consult with the appropriate resource (a health care professional; a DOS or CMC representative; and/or family members) to seek and arrange support for my needs.

I understand it is important to seek advice from appropriate physicians, counselors, advisers, or other sources. Discussions with physicians or others should:

- Review itinerary and experience location and specific demands that might impact my health, including changes in: climate, elevation, diet, living arrangements, social life, support structure, and work demands.
- Identify how program demands will affect conditions identified in Part A or other possible health issues.
- Review possible accommodations you should make or address with organization staff.

If there is a significant change in my health prior to departure which may affect my participation or well-being while abroad, I will re-evaluate my needs and consult with a health care professional, a DOS or CMC representative, and/or family members. Submission of this form and any subsequent disclosure of health information does not place any obligations on Claremont McKenna College or its agents. In an emergency, the College may notify my emergency contacts listed in the program application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL STUDENTS MUST COMPLETE AND SUBMIT PART B (this page):**  
**STATEMENT OF UNDERSTANDING**