

Clayton State University Study  
Abroad Office University Center  
Suite 204 2000 Clayton State  
Boulevard Morrow, GA 30260  
Phone: 678-466-4092 or 678-466-  
4090 Fax: 678-466-4119

## Clayton State University Study Abroad Health Clearance Form

### Student Instructions

The program participant must provide Clayton State University Health Services (UHS) or a physician the *program description* for the study abroad program they will attend. *Failure to provide the program description to the UHS and/or the physician in conjunction with this form will prevent the program participant being cleared by the healthcare professional.* Program descriptions can be found on the online application, programs website, and/or the programs marketing brochure, in addition, check the CDC website (see bottom of the page). **In addition, see the instructions below when visiting a personal physician or the UHS.**

Participation in the Clayton State study abroad program is contingent upon timely receipt of the Health Clearance Form by the Clayton State Study Abroad Office. The form **MUST** be received prior to the second payment date for the selected program. If the form is not received by the deadline or if the student is not cleared by the UHS or a physician, then the student may not be eligible to participate on the study abroad program and/or receive a refund. Students should note that the UHS and/or the physician might require additional approval depending on the students healthcare needs.

*Students must make sure that the Health Clearance Form has been approved & cleared. If a student's health clearance has been denied by the UHS or the physician, pay close attention to the withdrawal and refund dates.* Students should look at completing the Health Clearance Form before the second payment date for the program in order to receive a full refund, excluding the non-refundable deposit of \$250.00 and any prepaid expenses.

**Physician Clearance** Students, who visit a personal physician's office, **MUST have all of the necessary pages completed before sending these to the Study Abroad Office. These documents MUST be either faxed or sent by mail from the physician's office in order to complete this step.** Health Clearance Forms completed by a personal physician's office will **ONLY** be approved if they are faxed or mailed by the physician's office. Once the Study Abroad Office receives the students completed form, the Study Abroad Office reviews and uploads the form to the student's online account.

**University Health Services (UHS) Clearance** Students, who visit the UHS, **MUST UPLOAD** the completed form to the Study Abroad Application Portal. Make sure your document is stamped with the UHS seal once the form is completed. All of the necessary pages must be completed and uploaded to the Study Abroad Application Portal for the document to be approved by the Study Abroad Office. **Uploading Tips:** Upload your document as a PDF or JPEG file (submit the actual size JPEG!). These formats are the most compatible with the portal.

### University Health Services (UHS) at Clayton State University

Clinic Contact Information **Phone:** 678-466-4940 (*Please call for physician and nurse practitioner hours as these may vary*) **Fax:** 678-466-4944 **Services and Costs for UHS:** Visits may cost about \$25.00. Verify with the UHS on the cost of your visit. <http://www.clayton.edu/uhs/Services-and-Cost> **UHS Website:**

<http://www.clayton.edu/UHS> (Please see the UHS website for operation hours)

If a Clayton State student wants to visit the UHS for the physical exam, they should call to make an appointment prior to the second payment date for their selected program. The Study Abroad Office at Clayton State University recommends that students review the CDC Travel and Health recommendations for their destination. This site will advise on safety and health concerns including recommended immunizations. **CDC website:** <https://wwwnc.cdc.gov/travel/destinations/list>

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### **To Be Completed by Student**

Name of Student Laker ID#

Student E-mail Student Phone Contact

Title of Study Abroad Program & Program Director Name (EX: Biology in Bahamas with Dr. Paul Melvin)

Countries to be Visited Program Dates

### **Emergency Contact Information**

By providing the information below, you are authorizing the Program Director, faculty on the program, the Office of International Programs, or other Clayton State University representatives to contact the person listed in the event of an emergency.

Name Relationship to You

Phone Alternative Phone

Address

The following medical disclosures are voluntary and not required.

Current Medications:

Allergies:

Special Dietary Requirements:

Chronic Conditions or Medical History:

Any other Conditions or Limitations:

*The information on this form will be used only for the purpose of administrating the study abroad program in which you are participating. It will be viewed only by the International Programs staff, your study abroad Program Director, CSU staff, and, as necessary, medical professionals in your host country. This information will be kept confidential at all times.*

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## Health Clearance Form

*I, the undersigned student, hereby consent to have the \_\_\_\_\_ UHS staff member / name of  
Name of UHS Staff / Physician healthcare professional complete and/or submit this form to Clayton State University's Study  
Abroad Office in its entirety.*

Student Signature Program Destination Student ID Date

### University Health Services/ Physician Instructions\*

- The Health Clearance Form must be completed by the UHS (*see page 1 for instructions with the UHS*) or a healthcare professional after (1) reviewing the program description attached to this form (*see page 1*) and (2) completing a current physical examination of the student.
- The program description is an essential part of the health clearance process, and the medical exam must be performed with the program specifics in mind (i.e. CDC recommendations), participants should be prepared for walking and/or standing in various weather conditions and temperatures for extended periods of time. Only Health Clearance Forms accompanied by the program description will be accepted. If the program description is not attached to this form, please ask the student to attach it before medically clearing the student for participation. The student can provide a program brochure, show or print the programs website etc.
- **Physician Instructions: If completed by a physician and not the UHS, the Health Clearance Form must be faxed to (678) 466-4119 or mailed by the physician's office directly to Clayton State's Study Abroad Office at: Clayton State University,**

Office of International Programs, 2000 Clayton State Blvd., Morrow, GA 30260.

• *\*Health Care Providers must be licensed in the U.S. and qualified to perform a comprehensive TRAVEL RELATED physical exam and cannot be an immediate family member of the student (AMA Code of Ethics E- 8.19).*

**Clearance: To Be Completed by University Health Services/ Physician**

\_\_\_\_\_ I have read the attached program description. (initials) \_\_\_\_\_ I have conducted an exam including a review of the student's health history. (initials)

Based on my exam of the student, the student's medical history, and the Program Description, it is my professional determination that the student is:

\_\_\_\_\_ **CLEARED:** To safely participate in the above-described study abroad program; (initials)  
Any relevant accommodations/needs:

\_\_\_\_\_ **NOT CLEARED:** There are concerns for safe participation in the study abroad (initials) program for which the student has applied.

UHS or Physician Name Printed

\_\_\_\_\_ ( ) \_\_\_\_\_ UHS or Physician Signature Telephone No. Date

# Traveler First Aid Kit

# Tips to Remind Students...

Here are some recommended medications to have on hand while abroad. Students should consider bringing their own medication. 1) You may not have these medications on hand. 2) These students may have allergies to certain medications that you are not aware of. To better prepare, you and your students, we have provided you with several resources below.

- Over the counter pain anti-inflammatory and motion sickness medication, such as Tylenol, Advil, Benadryl, or Dramamine. In addition to Anti-Diarrhea medicine, such as Pepto-Bismol or Imodium.
- Band-Aids
- Antibacterial Ointment
- Hand Sanitizer
- Sunscreen
- Insect Repellent (with Deet)
- Epsom Salt (muscle relief)
- Allergy Medication
- Charcoal Tablets for indigestion or any digestive issues with the local food & water.
- Melatonin, an all natural sleep aid.
- Mentos (the candy) can help with low blood sugar.
- Sunburn Relief Cream or After Burn Gel (for sunburns).

## **ADDITIONAL RESOURCES**

[HTTPS://MYMEDIC.COM/](https://mymedic.com/)

[HTTPS://WWW.NOMADICMATT.COM/TRAVEL-BLOGS/FIRST-AID-KIT/](https://www.nomadicmatt.com/travel-blogs/first-aid-kit/)

[HTTPS://WWW.HOPKINSMEDICINE.ORG/HEALTH/WELLNESS-AND-](https://www.hopkinsmedicine.org/health/wellness-and-prevention/travelers-firstaid-kit)

[PREVENTION/TRAVELERS-FIRSTAID-KIT](https://www.hopkinsmedicine.org/health/wellness-and-prevention/travelers-firstaid-kit)

# CLAYTON STATE UNIVERSITY STUDY ABROAD PROGRAM ANNUAL REVIEW

## University System of Georgia & Board of Regents Requirement

Program Name	Faculty-Led	Start Date	End Date
Business in Jamaica	Alphonso Ogbuehi		

## OVERVIEW

Clayton State University is required by the University System of Georgia (USG) and the Board of Regents to complete an annual program review of each study abroad program regarding the following information: *finances*, *duplication of programs* (if applicable), *safety*, *learning outcomes*, *contact hours*, *substantial changes* (such as major costs changes (about 3%), *structure* (i.e. a 4 week to embedded, using faculty from host institution, etc.), *location* (changes taking place such as France to Brazil, etc.), and program improvements. In addition, this information may be used for an audit.

## Finances

**i** Explain the study abroad programs finances.

- **Number of Students on the Program:** 13
- **Cost Associated Per Student:** \$0,000.00
- **Program Total:** \$0,000.00

*The following table details the pricing of the services outlined in this proposal. This pricing is valid for the dates of the proposed program.*

Overall Program Costs - Category #1	Price
Total Cost of the Program	\$0,000.00
Funds Returned to Students (if applicable)	
<b>Total Costs</b>	\$0,000.00
Program Cost - Category #2	
Transportation	
Airfare	
Faculty Expenses	
Meals	

Lodging and Accommodations	
Marketing	
Emergency Funds	
<b>Total Costs</b>	
<b>Additional Program Costs - Category #3</b>	
<b>Total Costs</b>	
<b>Total</b>	

*Disclaimer: The prices listed in the preceding table are an estimate for the services discussed. Estimates are subject to change if project specifications are changed.*

## Safety

**i** What safety procedures were implemented for this study abroad program?

- Safety Procedures #1: \_\_\_\_\_
- Safety Procedures #2: \_\_\_\_\_
- Safety Procedures #3: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Learning Outcomes

**i** What were the learning outcomes for this study abroad program? Students attending a Clayton State program are enrolled in an academic credit course that applies towards their graduation requirements.

- Learning Outcomes #1: \_\_\_\_\_
- Learning Outcomes #2: \_\_\_\_\_
- Learning Outcomes #3: \_\_\_\_\_
- Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Contact Hours

**i** Discuss how your program contact hours were met during the study abroad program. Study abroad must meet the 37.5 hour contact hour specifications.

- **Program Contact Hours:** \_\_\_\_\_
- **Program Contact Hours:** \_\_\_\_\_
- **Program Contact Hours:** \_\_\_\_\_
- **Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Substantial Changes

**i** Discuss any substantial changes that happened before, during, or after the study abroad program that affected your program. This could be students receiving program refunds upon the programs return home, etc.

- **Changes #1:** \_\_\_\_\_
- **Changes #2:** \_\_\_\_\_
- **Changes #3:** \_\_\_\_\_
- **Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Program Structure

**i** What was the structure of this study abroad program? Was this program a short-term faculty-led program.

- **Program Structure:** Faculty-Led
- **Program Structure:** Short-Term
- **Program Structure:** \_\_\_\_\_
- **Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Duplication of Program(s)

**i** Duplication of Program, if a Clayton State program is an exact copy of another USG study abroad program in the State of Georgia. If this program was a duplicate, what processes were conducted to make program changes?

Program was Duplicated	Program was Not Duplicated

- Changes to Program #1 (if applicable):
- Changes to Program #2 (if applicable):
- Changes to Program #3 (if applicable):
- Comments: \_\_\_\_\_

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## Program Improvements

**i** Discuss any future improvements for this program, program destination, Study Abroad Office, for the faculty and/or students, etc.

- Comments: \_\_\_\_\_
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## CONCLUSION

**i** This section is reserved for the Study Abroad Office staff.

The Study Abroad Office Staff Comments: