

YOUR HEALTH WHILE ABROAD

Please understand that program leaders will do what they can to accommodate participant needs while on the study abroad experience, but circumstances may interfere with good intentions. Traveling with groups in an unfamiliar setting often presents both rigorous and unpredictable situations. **Therefore, it is in the best interests of each participant to take full responsibility to plan for contingencies as to any specific and special needs they may have regarding their health.** If a participant has particular needs regarding their health, those needs should be brought to the attention of the CCS Director, Diane Kurtz, to determine if reasonable accommodations are necessary or available.

Example: **Meals cannot be guaranteed to be of a certain quality nor at specific preset times.**
Possible solution: For students with blood sugar problems, the participant should carry appropriate food with them at all times to help them. Those who need a lot of food between meals or who have food allergies should plan to carry snacks they can eat. **Diabetics** may experience special challenges keeping blood sugar regulated while moving through many time zones. Pre-planning with a medical provider on how successfully to move through time zones **is essential** to maintaining good health for those with diabetes.

Example: **Medications**
Possible solution: Students should take enough of their prescription (in its original container) for the duration of the program (plus extra in case of emergency). Medications should be packed in carry-on luggage. Medical equipment can be allowed on the aircraft in addition to your carry-on bag. You will need a signed letter from your physician on the physician's letterhead stating why the traveler needs the medical equipment (c-pap machine, syringes, crutches, etc.). For semester abroad students this may take some pre-planning with your insurance, doctor, and pharmacy, so act on it early!

Example: **Electricity may not be available or reliable.**
Possible solution: Students with medication needing refrigeration should carry an ice pack and small cooler to hold the medicine at the proper temperature. For students who use medical devices that need charging (ex. cochlear implants), please bring additional batteries and/or a plug adapter for the appropriate country you are visiting.

Example: **Students needing periodic shots**
Possible solution: Students should inform their professor of this requirement by including such information on the medical form. They should also take their own syringes, serum, alcohol prep pads, and related supplies sufficient for the duration of the program (plus extra in case of emergency). In addition, the participant should **carry a physician's letter** (on the physician's letterhead with prescription and description of the medication) explaining the medical condition warranting possession of such medical supplies to avoid problems at customs and with TSA. All medical equipment should be packed in carry-on luggage or in its own special bag in addition to your carry-on luggage.

Example: **Vegetarians, gluten intolerance, and other dietary needs**
Possible solution: Vegetarians and those with gluten intolerance may find it difficult to find the types of food they usually eat at home while abroad. Some destinations have primarily meat-based diets. Students should consult with the CCS office and professor regarding food preferences and plan to be responsible to supplement their own food needs on the experience.

Example: **Food, Pet, and Bee Sting Allergies**
Possible Solution: Students with allergies to peanuts, gluten, or other foods and allergies to pets or bee stings should inform the CCS Office and program leader. Home stay situations can be adjusted for pet allergies, and hosts can be made aware of food allergies. Students with food allergies should always carry snacks they can eat in case an occasional meal is not edible. Professors will try to accommodate those with food allergies when possible, but special meals for those with allergies cannot be guaranteed at all times. Students with food, pet, and bee sting allergies should carry Benadryl and epi-pens (2-3) with them at all times.

Example: **Sleep Apnea**
Possible Solution: People with sleep apnea are prescribed to sleep with a C-pap machine. The C-pap machine should go on the trip and be in the participant's carry-on luggage with a physician's letter stating that the machine is medically necessary. Take your C-pap machine on the trip! Some airlines allow the C-pap in its own case PLUS your carry-on luggage.

The above are only a few examples of possible contingency plans. Discuss the specifics of your situation with the CCS Director, SAU Holton Health and Wellness Services, and the leading professor of your program.

I agree that it is my responsibility to obtain enough of my regular medication and/or medical equipment (plus an extra supply in case of emergency) for the duration of the program, take it with me in my carry-on luggage, and continue taking it and/or using it during the program. I realize I need to provide my own snacks and have snacks with me at all times on the trip for any special dietary needs I have. I will keep SAU Holton Health and Wellness Services, the CCS Director, and my CCS professor informed of medical information including conditions I have and medications I take and keep this information updated as it occurs from the time of my enrollment until the completion of my program. I understand that my name, when added by me in the signature space of this form, constitutes my legally valid and binding signature, as if signed by hand by me.

Signature _____

Date _____

2022-2023 CCS Programs: Physical Hardships

All students must consider the following list of physical hardships applicable to each program when selecting a cross cultural destination. Column A targets certain conditions, which may present a problem on that particular program. Each student is responsible for making an initial assessment as to whether participation in a particular program is possible, either with or without accommodation, based upon the student's knowledge of his or her particular physical and mental condition.

Please be aware the student is responsible for monitoring any special food needs due to health concerns or personal preferences. Meal times are unpredictable while traveling. If a student has food allergies or is a vegetarian, there may be additional considerations to discuss with the professor and the CCS office. Students with documented, extenuating health concerns may qualify for on campus exception courses. See the CCS Director for details.

PROGRAM	(A) Health Concerns	(B) Hiking & Climbing	(C) Long Term Walking	(D) Long Vehicle Rides	(E) Unreliable Electricity & Refrigeration	(F) Access To Health Care	(G) Barrier Free Access
3-Week Programs							
Chicago/ USA domestic trips	EP, PR	1	1	1	1	Yes	Some
Costa Rica	AR, AS, EP, HP, KP, MS, PR (cloud forest & volcano trip)	3	3	3	3	Yes	No
Guatemala	AL, AR, AS, EP, HP, KP, MP, MS, PR (small plane ride to Tikal possible)	3	3	3	2	Yes	No
England/Scotland	AR, EP, HP, KP, LBS, MS, OB, PR	2	4	3	3	Yes	Some
France/Greece	AR, EP, HP, KP, MP, MS, OB, PR	3	5	3	1	Yes	No
Hungary	EP, HP, OB, PR, V	2	3	3	1	Yes	No
Morocco	AL, CS, EP, KP, MS, OB (camel ride), P, PR	2	3-4	4	1-2	Some	No
Semester Programs							
England, Ireland	AR, EP, HP, KP, OB, PR	2	4	2	1	Yes	Some
France (Accès)/ Semester in Spain	AL, AR, AS, EP, GA, KP, P, MP, MS, OB, PR, V	3	4	4	1	Yes	Some
Japan	AR, AS, DI, EP, HP, KP, MP, MS, OB, PR (long plane ride)	2	3	2	1	Yes	No
Jordan	AS, DI, EP, HP, KP, MS, OB, PR, G	3-4	4	4	3	Yes	No
Uganda	AS, CS, DI, EP, HP, LBS, OB, P, PR (long plane ride)	3	4	4	3	Some	No

KEY TO COLUMN A:

- | | |
|--------------------------|-------------------------|
| AL – High Altitudes | KP – Knee Issues |
| AR – Arthritis | L – Lactose Intolerance |
| AS – Asthma | LBS – Low Blood Sugar |
| DI – Diabetes | MP – Muscle Issues |
| EP – Emotional Issues | MS – Motion Sickness |
| GA – Gall Bladder Issues | OB – Obesity/Overweight |
| G – Gluten Intolerance | P – Peanut Allergy |
| HP – Heart Issues | PR – Pregnancy |
| | V – Vegetarian |

KEY TO COLUMNS B - E:

- 1 - 5 scale indicates degree of frequency this condition occurs on this trip with "5" being most frequent / "1" being infrequent
- If a student has allergies to cats, dogs or foods, he/she should talk to the CCS office and the program's leading professor.
 - Vegetarians will find some country's cuisine very high in meat-based foods and thus should consider an alternative program/destination.
 - Some airline regulations stipulate that travelers who are obese according to airline standards must purchase 2 tickets. Students must work with the Director of CCS on this issue as applicable upon enrollment and prior to COR374 semester.

I have read the above physical limitations of the Cross Cultural Studies experiences and understand that it is my responsibility to select an experience that is compatible with physical limitations that I have. I also understand that while the above list shows most of the possible physical hardships, these are examples only and there may be others. I understand that Spring Arbor University has encouraged me to discuss any specific limitations I may have with my primary care physician, SAU Holton Health and Wellness Services, and the CCS Program Director and I agree to do so upon enrollment and update these personnel with any health changes throughout my enrollment and participation in the program. I understand that my name, when added by me in the signature space of this form, constitutes my legally valid and binding signature, as if signed by hand by me.

Destination Year Your Signature Date

IMMUNIZATIONS

January participants should get all required and recommended shots **before Thanksgiving** break. **May-June participants** should get all required and recommended shots by **April 1**. **Semester students** should get all their immunizations completed **at least 60 days prior to travel**. The sooner the immunization is received the better, so that immunity can be built.

Vaccines can be obtained from Holton Health and Wellness Services (HHWS) at SAU, a travel clinic near your home, or possibly from your primary care provider if they have the vaccinations available: always check first! Yellow Fever immunizations need to be arranged from specially licensed physicians or travel clinics, which can be found by searching the internet for Yellow Fever providers near your home or you can check with the CCS office for local providers.

CCS IMMUNIZATIONS 2022 - 2023 Program Specific Recommendations/Requirements

Destination	REQUIRED by SAU	REQUIRED by Destination	STRONGLY RECOMMENDED by SAU/CDC*	RECOMMENDED by SAU/CDC*
England/Scotland, Greece, Hungary, Japan, Spain	Current tetanus Covid 19 Childhood immunizations	N/A	Hepatitis A	Flu shot♦
Chicag		N/A	Current tetanus Covid 19 Childhood immunizations Hepatitis A	Flu shot♦
Costa Rica Morocco	Current tetanus Covid 19 Childhood immunizations	N/A	Hepatitis A Typhoid	Flu shot♦ <i>Antibiotic for traveler's diarrhea</i>
Guatemala	Current tetanus Covid 19 Childhood immunizations	N/A	Hepatitis A Typhoid	Flu shot♦ <i>Antibiotic for traveler's diarrhea</i>
Uganda	Current tetanus Covid 19 Childhood immunizations	Yellow Fever	Anti-Malaria prescription Hepatitis A Typhoid	Flu shot♦ <i>Antibiotic for traveler's diarrhea</i>

*Centers for Disease Control (www.cdc.gov/travel/default.aspx) – choose your destination country for specific health information pertaining to your trip. Covid shots are likely required for entry to most destinations and are required by SAU.

♦ Flu shot at HHWS (no cost to students)

Immunization Process

1. You may obtain immunizations at Holton Health and Wellness Services (HHWS), your Primary Care Provider (PCP), a health department, or a travel clinic. Please submit documentation of your immunizations to the CCS office.
2. **If you want HHWS to fulfill your travel needs (immunizations and/or travel prescriptions)**, set up an appointment with HHWS during your travel health presentation in COR 374. You may also call or stop into HHWS to set up an appointment.
3. **It is strongly recommended that you get your prescription(s) filled at least one month prior to travel.** (Sometimes the pharmacy has to order travel medications.)

I have read the immunizations recommended by the Center for Disease Control (CDC) and by Spring Arbor University for my program destination and understand that it is my responsibility to seek and obtain the necessary immunizations and medications from my medical provider or from Holton Health and Wellness Services (HHWS) at SAU and to schedule a pre-trip physical examination from my medical provider or from Holton Health and Wellness Center and update both the CCS office and HHWS with copies of immunizations I have received and with any health changes throughout my enrollment in the program. I understand that my name, when added by me in the signature space of this form, constitutes my legally valid and binding signature, as if signed by hand by me.

Destination	Month / Year	Your Signature	Date
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MEDICAL and EMERGENCY INFORMATION FORM

Full disclosure of current medical information is critical for your health and well-being on CCS experiences. Some destinations may not be appropriate for participants with certain medical conditions. International travel and especially cross cultural adaptation issues encountered on CCS experiences are stretching and stressful. Please check the physical hardships chart and choose an experience appropriate for your health limitations. Your health provider's permission and/or that of an independent health provider selected by the University may be required for participation on CCS experiences. Contingency plans should be discussed with your physician and, if necessary, such plans can be verified in writing with the physician and the University.

We urge all program participants to obtain a pre-trip health exam by their primary care physician (PCP) or by Holton Health and Wellness Services (HHWS) at SAU. Students asking HHWS to provide prescriptions and immunizations will have a consultation at HHWS and will be charged a consultation fee, similar to or less than any provider. If you have questions, please see the CCS office or HHWS staff.

Please complete all of the requested information on this form. All information will be kept confidential. It will be provided to the SAU Holton Health and Wellness Services as well as the professor leading the experience, and will be used in case of an emergency when the participant cannot authorize their own medical treatment due to injury, accident, unconsciousness, or other incapacitating situations on the experience. Participants should update this information in the CCS office if any changes in insurance, health conditions, medications, allergies, etc. occur prior to departure and throughout the duration of their program. Participants should verify that their medical insurance covers them at the destination of choice. If it does not, the international ID (ISIC) provides some medical insurance once the traveler is outside of the U.S.A.

If you have questions, please see the CCS office or HHWS staff. If you believe you have been discriminated against on the basis of a disability in connection with the CCS Program, you may choose to use the University's internal grievance procedure covering Section 504 discrimination.

I have read and understand the paragraphs above. I understand that I am urged to obtain a pre-departure physical from my PCP or from HHWS and that failure to disclose medical information could result in medical emergencies, including hospitalization and interruption of my participation on the CCS experience. I understand it is my responsibility to keep this record up to date with any changes that occur until the end of my travel experience. Purchasing medical insurance that covers me while on my program in the location and at the time of my program will be my sole responsibility. I understand that my name, when added by me in the signature space of this form, constitutes my legally valid and binding signature, as if signed by hand by me.

Signature _____

Date _____

Name _____ Destination, month/ year _____

Name of Medical Insurance _____

Policy Number _____

- I have contacted my medical insurance provider to see if I am covered while out of the State of Michigan and out of the country.
YES, it does cover me
NO*, it does not cover me

*If "NO," please explain alternative insurance that covers you outside of the U.S. **The International Student ID (ISIC) provides some medical coverage to the student while outside of the U.S.A.**

Name of alternative medical insurance _____

Policy Number _____

- Does your insurance company require that you receive prior authorization from them or from your primary care physician before receiving medical treatment out of the country or out of the state? (If you don't know, call and ask your insurance company. A toll free number should be on the back of your insurance card.)

NO prior authorization required if outside the U.S.

YES[^]

YES[^] for certain treatments (ex: conditions which are not life-threatening or of a non-emergency nature / sore throats, flu, etc.)

If yes, explain the process of obtaining authorization, including authorization phone number of insurance and/or primary care physician, name of physician, and conditions under which yes applies: **(toll free 800 numbers cannot be called from outside the U.S., so please provide necessary phone numbers when calling from outside of the U.S.)**

If you need additional space, please write it at the end of this form.

3. If you require medical treatment while traveling, you may be required to pay out of pocket. **Ask your medical insurance representative what documentation you will need to provide to them so you can be reimbursed for out of pocket costs.** (If documentation for reimbursement is needed, these details are easier to obtain while you are overseas than after returning home.) Please specify.

If you need additional space, please write it at the end of this form.

4. Do you have any other conditions (medical, emotional, learning, etc.) that you believe would be critical or helpful for the leader to know about? (All information will be kept confidential. A meeting between the SAU Holton Health and Wellness Services staff, Director of CCS, professor, and participant may be required to work out individual details in the event the question of accommodation arises.) **Write NONE** if there are no such conditions.

If you need additional space, please write it at the end of this form.

5. After having reviewed the hardships applicable to your destination, do you feel that any of these conditions require that accommodations be made by the University? If so, please explain. **Write NONE** if there are no such conditions.

If you need additional space, please write it at the end of this form.

6. **Attach a copy** of your official childhood immunization record and any records of immunizations you have received in the past 10 years. These can be obtained from your primary care physician, Holton Health and Wellness Services, or your high school. Records can be faxed to the CCS office at your request (833-689-1558). If you are requesting a fax be sent to CCS, please ensure that your name is clearly identified on the record.

7. In case of emergency, please notify*:

(use same contacts as first page—this form travels with the professor on the CCS program.)

1. Name(s) _____	Day Phone _____
Address _____	Night Phone _____
City _____	Cell Phone _____
State, Zip _____	Email 1 _____
Relationship to you _____	Email 2 _____

**if both parents live at the same address, list both parent's names together as ONE CONTACT.*

2. Name(s) _____	Day Phone _____
Address _____	Night Phone _____
City _____	Cell Phone _____
State, Zip _____	Email 1 _____
Relationship to you _____	Email 2 _____

Note: Contact #2 should be someone who could reach contact #1 in an emergency if we cannot reach contact #

TRAVEL HEALTH HISTORY FORM

Name: _____ Student ID # _____ Today's Date: _____

Home Address: _____
Street Address City State Zip

Home Telephone: (_____) _____ Cell Phone: (_____) _____

SAU Email: _____ Personal non-SAU email: _____

Date of Birth: ____/____/____ (mm/dd/yy) Male Female

Travel Specifics

Purpose of Trip: CCS Professor-led program Semester Abroad Individualized Option CCS Field Trip

What will you be doing on this trip?

Countries <u>AND</u> cities/areas to be visited in order of visits (if known)	Arrival Date (month & year)	Departure Date (month & year)

Have you traveled outside the United States and Canada before? Yes No

If yes, where and when? _____

Yes	No	
		Are you being treated or have you ever been treated by a physician for diabetes or hypoglycemia ? <i>If yes, which one?</i> Diabetes Hypoglycemia
		Have you received counseling in the past three years? Are you seeing a counselor now? Please explain.
		Have you ever had thoughts of suicide? When?
		Are you having thoughts of suicide at this time?
		Have you ever been treated by a psychiatrist/psychologist/physician for depression, suicidal thoughts, or emotional issues of any kind? When? Please specify reason for treatment:
		Are you a vegetarian?
		Are you lactose intolerant?
		Are you gluten intolerant?
		Will you be visiting ONLY urban areas? If no, explain:
		Will you be working with exposure to animals?

Allergies No known drug allergies No known food allergies No allergies to anything

I am allergic to the following (check all that apply)

Aluminum or aluminum hydroxide	Eggs
Antibiotics (list which antibiotics and your reaction to the medication):	Gluten (please specify your reaction to gluten)
Bee stings	Mercury
Cats	Peanuts
Chrysanthemums	Yeast
Dogs	Other (please specify)

Immunizations

Were you born in the United States? Yes No If no, where? _____

Medical History

Are you using steroids, receiving radiation therapy, or other immunosuppressive chemotherapy? Yes No

Current height: _____ **Current weight:** _____ **Current waist size in inches:** _____

(CCS needs to know your waist size as we work with the airline for proper seatbelt and seat size considerations on the aircraft.)

List your current prescription medications and medical conditions treated: (include birth control pills - possible flight problem, etc.). *There should be no changes in psychotropic medications within **three (3)** months of travel.*

Current Prescription Medications <i>(Write NONE if applicable)</i>	Condition or Reason for Use <i>(attach sheet if necessary)</i>
1.	
2.	
3.	

If you need additional space, please write it at the end of this form.

List regularly used non-prescription medications (over-the-counter, herbal, homeopathic, vitamins, etc.).

Regularly Used Non-Prescription Medications <i>(Write NONE if applicable)</i>	Condition or Reason for Use <i>(attach sheet if necessary)</i>
1.	
2.	
3.	

If you need additional space, please write it at the end of this form.

Have you been told you have any of the following medical conditions? **(Check yes or no to all.)**

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
		ADD/ADHD			Gluten Intolerance			Lung Disease
		Anemia			Hearing Issues			Migraine
		Asthma			Heart Disease			Motion Sickness
		Blood Clotting Issues			High Blood Pressure			Nightmares
		Cancer			High Cholesterol			Past surgeries/hospitalizations <i>(explain on next page)</i>
		Crohn's Disease/Ulcerative Colitis			Hormone Issues			Prostate Issues
		Depression			Immune System Deficiency			Psoriasis/Other Skin Issues
		Diabetes			Insomnia			Sickle-Cell Disease
		Ear Infections			Irritable Bowel Syndrome			Sleep Apnea C-Pap machine? <i>Y or N</i>
		Emotional Issues			Kidney Disease			Sleepwalking
		Epilepsy/Seizure Disorder*			Lactose Intolerant			Stomach Ulcer
		Eye/Vision Issues/Wear glasses			Learning Issues			Stroke
		G6PD Deficiency			Liver Disease/Hepatitis			Thyroid issues <i>(please explain on next page)</i>
								Other (explain on next page)

Do any of these conditions require accommodations? If so, please specify on the next page

I understand that my name, when added by me in the signature space of this form, constitutes my legally valid and binding signature, as if signed by hand by me.

***I have been seizure-free for the past six months** _____
Signature Date

QUESTIONS/CONCERNS

Please **list any medical equipment** (syringes, crutches, C-Pap machine, etc.) **you will be taking with you on the plane**. Also please list any **questions** or **concerns** that you might have regarding your travel. (For example, flying concerns, food concerns, allergy concerns, motion sickness, asthma, diabetic insulin and traveling through time zones, jet lag, physical fitness and the physical demands of the program, high blood pressure, low blood sugar, emotional stress, anxiety, depression, or other concerns.) **Write NONE** if there are no such conditions, concerns, and if you will **not** be taking medical equipment on the plane.

If you need additional space, please write it at the end of this form.

List hospitalizations/surgeries and dates. **Write NONE** if there are no such conditions.

If you need additional space, please write it at the end of this form.

List any other medical conditions you have been told you have. **Write NONE** if there are no such conditions.

If you need additional space, please write it at the end of this form.

For Women Only

Date of last normal menstrual period: _____ (mm/dd/yy)

Are you, or could you possibly be pregnant? Yes No

Are you using hormone replacement therapy? (possible flight issue) Yes No

Type any additional information in the box below: