

Email: intlprog@jsu.edu

## **Clinician's Report Form for Study Abroad**

Office of International House & Programs
Jacksonville State University

To be completed by a physician, psychiatrist, psychologist, counselor, or licensed clinical social worker who has treated this student for the condition described below.

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, -	e-existing conditions can beco	vell as a physically, emotionally, and mentally me serious for some students as they transition
in a study abroad program availability of medical serv living/traveling should be co	e the physical and/or mental h m in	untries) and areas where the student will be alth issues in each country can be found on the
		alth conditions, a separate form must be reports from clinicians who are related to you.
I have treated this individual  ☐ the past six months	_	☐ more than one year ago
Specify start date:  Diagnosis:		



**Medications and Dosage:** 

Stability of condition over the past five (5) years:			
☐ Stable without treatment/medication	☐ Stable with treatment/medication		
□ Not stable	☐ Other:		
In your opinion, what conditions should JSU and the Office of International House & Programs consider to optimize the student's success in the program?			
To your knowledge, are there any predisposing medical, physical, or emotional factors that, under stress of adjusting to life in another country, may require treatment while the student is abroad?			





What is the prescribed plan in the event that this health condition becomes an acute/emergency situation overseas? General recommendations for care of this individual while abroad:



achandler1@jsu.edu

What are the limitations, if any, on this student's participation in a study abroad program?

Signature of Clinician or Treating Professional:	
o.g. atan con diminian or recamble recessionan	
	Date:
Printed Name:	<u>-</u> -
License:	
Street/Mailing Address:	
City:	State: ZIP:
Telephone: ()	Fax:
Please complete and return to:	
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