



## BOSIA STUDENT PARTICIPATION MEDICAL CLEARANCE

BOSIA Health Committee 1/29/2020

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Today's Date**

\_\_\_\_\_  
**Date of Birth**

**Home Address:**  
\_\_\_\_\_

**Name(s) and Phone Numbers of Parent(s) or Guardian(s):**

1. \_\_\_\_\_ Relationship \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

**Emergency Contact (other than immediate family members):**

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

Relationship to Student: \_\_\_\_\_

Cell/Contact information: \_\_\_\_\_

**Usual Medical Provider: Name:** \_\_\_\_\_

Phone: \_\_\_\_\_

**Medical Insurance Coverage:** *(check with carrier as to details of international coverage)*

Subscriber: \_\_\_\_\_

Company and Group/Policy Number: \_\_\_\_\_

**Information for Health Professional:**

*Your patient has been chosen for a cultural delegation to the island of Ometepe, a low income, low resource , rural volcanic island in Lake Nicaragua. They will be living with a local, non-English speaking family, which can be stressful. They will be accompanied by chaperones and a medical professional but resources for evaluation and treatment are limited. The most common health risks relate to insect bites, GI illnesses (contaminated food/water), and homesickness/anxiety. Medical services are limited. Thus, in the interest of the personal safety of both the delegate and the other team members, please carefully consider the questions on the attached form when completing this form. "Yes" answers do not preclude the student's participation, but they will help us be prepared. If we have any questions we will call the student. With this in mind, please assess the student's suitability for participation.*

**General Medical History :**

**ALLERGIES (meds, foods, insects) and reaction:**

**DIETARY RESTRICTIONS /reason (personal v allergy):** \_\_\_\_\_

**PAST HOSPITALIZATIONS/SURGERIES:**

**IMMUNIZATION HISTORY and date of most recent immunization:**

**Influenza** (*consider repeat if >6 months ago as flu season is April-Oct*)

**Td/Tdap** (*recommend within 5 years*): \_\_\_\_\_

**Typhoid** (*recommend, specify if oral or parenteral*): \_\_\_\_\_

**Hepatitis A** (2 doses recommended): \_\_\_\_\_

**MMR**\_\_\_\_\_ **Varicella**\_\_\_\_\_

**Polio:** \_\_\_\_\_ **Hib** \_\_\_\_\_ **Pneumococcal:** \_\_\_\_\_

**Hepatitis B:** \_\_\_\_\_ **Meningococcal:** \_\_\_\_\_

**Rabies:** (not routinely recommended; avoid contact with animals and report bites):

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**PLEASE CHECK YES/NO FOR EACH ITEM and provide details for all "Yes" answers:**

**Does the applicant have a history of:**

**1. Asthma or other respiratory problems?** YES NO  
Well controlled? Inhaler use? Triggers? Last episode? Ever hospitalized?  
**PLEASE HAVE STUDENT BRING INHALER (S) WITH THEM**

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**Does the student smoke?** YES NO

**2. History of systemic reaction to insects or medications** resulting in hives, swelling of face/lips or difficulty swallowing/breathing? YES NO

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**IF APPROPRIATE STUDENT SHOULD BRING PERSONAL EPINEPHRINE Auto Injector and know how to use it.**

**3. Cardiac history** YES NO

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**4. GI Disturbances** (IBS, IBD, constipation, diarrhea) YES NO

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**5. HEPATITIS or other liver disease?** YES NO

**6. Disorders of the urinary tract/ gyn problems?** YES NO

(Is the student at significant risk for pregnancy or STI?)

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**7. DVT/Bleeding disorders?** YES NO

**8. NEUROLOGICAL**—epilepsy, dizziness, fainting, HA/migraine, TBI YES NO

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**9. Diabetes** **YES** **NO**  
(Type, onset, regimen, history of hypoglycemia/complications, hospitalizations, A1C/assessment of control, ability of student to self manage)

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**10. MSK (History of injuries including fracture, sprains, surgeries)** **YES** **NO**

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**11, FITNESS:** Any concerns? **YES** **NO**  
Does the student exercise regularly?

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**12. SWIMMING ABILITY (circle one):**

**Non-swimmer**                      **Recreational**                      **Competitive**

**13. Special needs/Mental health/Substance use/ADHD** **YES** **NO**  
(including significant family stressors, insomnia, eating disorder, anxiety, depression, treatment including meds and counseling)

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**14. OTHER**

