



BOSIA STUDENT PARTICIPATION MEDICAL CLEARANCE

BOSIA Health Committee 1/29/2020, updated 1/8/2023

Access to student's health information is limited to a Health Professional on the BOSIA Health Committee and the medical chaperone travelling with the student delegation

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 on Ometepe) _____

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** _____

COVID-19 Vaccine and last Booster _____

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



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

Does the student smoke or vape? YES NO

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

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

3. Cardiac history? YES NO

4. GI disturbances (IBS, IBD, constipation, diarrhea)? YES NO

5. Hepatitis or other liver disease? YES NO

6. Urinary tract disorders/ gyn problems/STIs? YES NO

7. DVT/bleeding disorders? YES NO

8. Neurologic problems (epilepsy, dizziness, fainting, HA/migraine, TBI)? **YES** **NO**

9. Diabetes? **YES** **NO**

(Type, onset, regimen, history of hypoglycemia/complications, hospitalizations, A1C/assessment of control, ability of student to self manage)

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

11. Fitness concerns? **YES** **NO**

Does the student exercise regularly?

12. Swimming ability (circle one):

Non-swimmer

Recreational

Competitive

13. Special needs/Mental health/Substance or alcohol use/ADHD **YES** **NO**

(including significant family stressors, insomnia, eating disorder, anxiety, depression, treatment including meds and counseling)

14. OTHER

