

**Health Consultation Report  
Prior to Tufts Programs Abroad Attendance**

**Student instructions:** To prepare for education abroad, we require that this health consultation report be completed and signed by your primary care physician. Please complete sections one and three first, and then provide this report to your physician so that they can complete section two. They may be able to complete it from their records if they have seen you within the past year or so; if not, you may need to make an appointment for a consultation/check-up. Once they have completed the report, they should return it to you so that you can submit it to Tufts Global Education (submission instructions at bottom of report). **In addition, if you are currently under the care of a mental-health provider,** please also have them complete and sign a second copy of this report for you to submit. **Please be sure that these forms are signed and dated by your provider(s) within 12 months of the start of your program.**

**Provider instructions:** Submission of this health consultation report is a pre-departure requirement for students participating in international education abroad for periods ranging from five weeks to one year. The information you provide will help our partners and staff abroad to assess any needs the student might have and to respond to medical situations or emergencies that might occur abroad. Please complete section two and return to the student so that they may submit to Tufts Global Education.

**Section 1: Student to Complete**

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

**Tufts Abroad Program location:** \_\_\_\_\_

**Program Term(s):** \_\_\_\_\_

**Section 2: Provider to Complete**

I met with this student on \_\_\_\_\_ (Date of Appointment).

**Please complete all relevant sections:**

- Based on what the student shared with me during the appointment, there is no apparent contraindication to participating in the study abroad program.

Comment:

---

---

---

- If student is taking medication, please be aware that some medications and certain brands are not necessarily available or covered by international health insurance plans. Please note that mailing prescription medicines may not be possible nor recommended due to various regulations. Please outline the plan for obtaining it while abroad is below:

---

---

- If the student requires ongoing care with healthcare providers, the plan for obtaining it while abroad is as follows:

---

---

---

---

- I have suggested that they contact the Tufts Program Abroad Director of their program to discuss any anticipated needs for support while abroad.

Comment:

---

---

- Are there any known allergies or dietary restrictions that the staff should be aware of while studying abroad?

---

---

- I have concerns regarding the student's ability to participate in the study abroad program that with the student's permission, I would like to discuss with the Tufts Global Education.

Comment: \_\_\_\_\_

---

Clinician name (print): \_\_\_\_\_

Clinician's title and field: \_\_\_\_\_

Clinician address: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

### **Section 3: Student to Complete**

I, \_\_\_\_\_, an applicant for the Tufts Programs Abroad, give permission to the healthcare provider completing this form to release the required information above to the Tufts Global Education and to the Director of the Tufts Program Abroad in \_\_\_\_\_.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submission instructions:** Once you have received the report(s) back from your provider(s), please upload them to the relevant item in the application portal: <https://globalopportunities.tufts.edu>

If you have questions, please contact Tufts Global Education at [globaleducation@tufts.edu](mailto:globaleducation@tufts.edu)