Northwestern University

HEALTHCARE PROVIDER CONSULTATION (HPC)

STUDENT NAME (PLEASE PRINT):_____

STUDENT EMAIL ADDRESS:_____

PROGRAM:_____

To the healthcare provider: Thank you for taking the time to meet with this student and complete their form. This student has disclosed to us that they have been treated in the last five years or is currently being treated, for a chronic physical or mental health condition(s).

Living and/or studying in an unfamiliar environment can trigger physical and emotional stress and exacerbate current symptoms. Although Northwestern University's international medical assistance provider has the capacity to arrange needed care disclosed by the traveler in most locations, familiar or reliable healthcare or medications might not be readily available to the student in his/her host country.

You are asked to:

- Review any relevant information provided on the CDC Travelers' Health web site for all countries on the student's itinerary. (See http://wwwnc.cdc.gov/travel/destinations/list.htm).
- Discuss the student's medical situation with them in light of how it may affect their study abroad experience.
- Ask the student about the destination and demands of the program/experience.
- Advise the student regarding how potentially dramatic changes in climate, diet, living arrangements, social life or study demands may affect them abroad.
- Discuss possible accommodations the student should make or discuss with staff administering or overseeing their overseas program, including any continuing care needs.

To be completed by healthcare provider:

☐ I have met with the student to discuss their medical condition as it relates to his/her intended study abroad location.

☐ I have encouraged the student to discuss their medical condition with one or more of the following: a representative from the Northwestern unit coordinating or supporting his/her program, a representative from AccessibleNU, a health care professional, parents or other family members well in advance of the program's departure date.

Name of Medical Professional: _____Title: _____

Phone number: _____

Signature: _____ Date: _____

Once completed, students should upload this form to the Health Assessment assignment in Canvas.