



UNIVERSITY of CALIFORNIA, SANTA BARBARA

Education Abroad Program

2431 South Hall

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REQUEST FOR SPECIALIST CLEARANCE LETTER EAP Health Clearance

To be completed by the STUDENT:

Name: _____ Date: _____

Country/City: _____ Length of Program: _____

If you have been treated by a specialist for a medical or mental health condition in the past year, please use this form to request a signed letter on official letterhead from your specialist approving your participation in EAP and detailing any special accommodation or care you may need while abroad.

For example, if you have a chronic medical or psychiatric condition that requires regular follow-up visits and/or daily medications, severe allergies or asthma, or any medical or psychiatric condition that may need regular care or worsen while abroad.

Dear Provider,

The student under your care plans to study abroad through the University of California Education Abroad Program. To complete the health clearance process for this program, we request the following:

- Please take a careful look at the accompanying program description (provided by the student) and consider that services vary according to study site (many with few to no local resources), that refills may be difficult (or in some cases impossible) to obtain and that emergency care is not readily available. If you need further assistance in planning with your student, please contact Inés DeRomaña at 805-893-4762.
- If you approve your patient's participation, please provide a typed, signed letter on letterhead detailing the student's current condition and your assessment of his/her fitness to travel. Please outline any special accommodations which may be required during the student's time abroad.
- Please send the letter by fax to UCSB Student Health Services, Attn: Kim Finegold. The fax number is 805-893-4911.

Your input is much appreciated to help this student have a healthy and successful study abroad experience.

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