# Request for Specialist Clearance Letter

**EAP Health Clearance**

To be completed by the STUDENT:

<table>
<thead>
<tr>
<th>Name: __________________________</th>
<th>Date: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country/City: ___________________</td>
<td>Length of Program: ______________</td>
</tr>
</tbody>
</table>

If you have been treated by a specialist for a medical or psychiatric condition* in the past year, or if you were seen at the UCSB Counseling Center within the last 6 months, please use this form to request a signed letter on official letterhead approving your travel and detailing any special accommodations or care you may need abroad.

*Examples: Any major surgery, Severe allergies or Severe asthma that cause you to see a specialist, Any chronic health concerns, ANY visits to a mental health specialist in the past year will require a letter.

---

**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:

- 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.

Thank you and please contact us with any questions.

---

Student Health Services  
UC Santa Barbara  
Phone: 805-893-3087  
Fax: (805) 893-4911