



Dear Education Abroad Applicant,

Congratulations on your decision your decision to take part in a life-changing opportunity to participate on an education abroad program! As you know, studying abroad can enrich your education, broaden your worldview, deepen your intellectual and personal maturity, foster self-confidence and independent thinking, and enhance your career prospects, among many other things. Your education abroad program will be an experience that cannot be duplicated on campus; one that will offer you new perspective on the way you see yourself, your community, and the world around you. You are about to embark on what promises to be one of the most significant experiences of your life, but also one that will challenge you in every way. Kennesaw State University would like all of our prospective students to consider the following as they weigh their options to study abroad:

1. Over the years we have witnessed a number of students who thought that time abroad would alleviate or provide respite from some of the difficulties they may be experiencing in their lives. Our experience suggests that many students' find time abroad very stressful and can even exacerbate problems. *Speak to an Education Abroad Program Coordinator if you have concerns about the impact of time abroad on your physical and mental well-being.* Your coordinator will be able to direct you to the right campus support unit that can assist you.
2. Consider your physical and mental health before you apply, not after. Once you determine that you are physically and mentally fit to study abroad on the program of your choosing, work with the Education Abroad Office and other campus services to ensure you have a good self-care plan for your time abroad.
3. Relationships matter more abroad. Travel abroad typically involves significant amounts of time with individuals you may not know very well in situations and settings that you are not accustomed to. It will require flexibility, but also patience, understanding, and a willingness on your part to work with your travel mates to resolve conflicts as they arise.
4. Something, if not everything, will be different than you expected. Adapting to change is the one constant of studying abroad, and some manage change better than others. Therefore, carefully assess your own ability to navigate change in stressful and unfamiliar circumstances and work with the Education Abroad Office and other campus services to build your distress tolerance and develop the skills you'll need to manage your stress while abroad.
5. Remember that we are here to help and want to ensure that your time abroad is enjoyable. Part of that is sufficient pre-preparation and ensuring you have considered all of your needs. Our [risk management website](#) provides many details for students to consider (insurance, resources, etc.) prior to going abroad from an overall wellness perspective.

We wish you the best in this endeavor! Don't hesitate to contact us at any point in your education abroad experience if we can be of any assistance.

Sincerely,

The Education Abroad Office  
The Division of Global Affairs  
Kennesaw State University



## Education Abroad Program Medical Clearance Form

### Student Instructions

- This is a **required** form.
- All known medical and health issues must be reported to the health care provider completing your health examination. The information you disclose on this form will be treated confidentially and in no way affects your admission into the program unless you are not cleared by your physician.
- The student must give the provider a program description as well as the Education Abroad Physical Requirement Assessment Form for a thorough review. Medical Clearance Forms submitted without acknowledgement of these two items will not be accepted. (This information can be found on the program webpage. Non Faculty-Led Programs are exempt from submitting the Education Abroad Physical Requirement Assessment Form.)
- Physician examinations must be completed and submitted prior to being accepted to the education abroad program. In the event that you are unable to secure an appointment with your primary care physician, the KSU Health Clinic (or home campus clinic) is an option. Please call to make an appointment at your earliest convenience to avoid processing delays which may impact your admission into the program as students are accepted on a first-come first-serve basis.
- Failure to submit the Medical Clearance Form timely may result in the student being ineligible to participate on the program.
- Medical Clearance Forms must be submitted to the Education Abroad Office by your physician. Forms can be sent via fax to 470-578-9171 or can be submitted to the Education Abroad Office in a sealed envelope from the physician's office. Forms can also be mailed directly to the office.

Mailing address:

**Education Abroad Office  
Kennesaw State University  
3391 Town Point Drive,  
Ste. 1700, MD 9116  
Kennesaw, GA 30144-5591**

**NOTE:** The information on the form will be used in order to be of maximum assistance to you during your international experience. Be aware that some international sites may not be able to accommodate all reported individual needs or circumstances.

If you have any questions or concerns related to your needs you should contact your physician immediately. You can also contact campus support services such as the KSU Health Clinic (470-578-6531), Disabled Student Support Services (470-578-6443), or Counseling and Psychological Services (470-578-6600) for additional support.



***\*\*Information to be Completed by the Student Applicant\*\****

**Part I: Student Information**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
KSU ID Number

\_\_\_\_\_  
Program Director Name

\_\_\_\_\_  
Program Dates

\_\_\_\_\_  
Name of Education Abroad Program

\_\_\_\_\_  
Countries to be Visited

**Part II: Medical History**

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Conditions or Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part III: Applicant's Statement**

I hereby certify to the best of my knowledge that the above medical information is correct. I understand that any illness not described on the form may result in my dismissal from the program.

I \_\_\_\_\_, hereby consent to have this form completed and submitted to KSU Education Abroad Office by \_\_\_\_\_ (name of physician).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



**\*\*Information to be Completed by a Licensed Health Care Provider\*\***

**Physician Instructions**

- The Medical Clearance Form must be completed by a licensed health care provider after a review of the program description and the Education Abroad Physical Requirement Assessment Form.
- If the Program Description and Education Abroad Physical Requirement Form are not attached, please ask the student to attach it before medically clearing the student. (Non Faculty-Led Programs are exempt from submitting the Physical Requirement Assessment Form.)
- Medical Clearance Forms must be submitted to the Education Abroad Office. Forms can be sent via fax to 470-578-9171 or can be submitted in sealed envelope from the physician's office by the applicant to the Education Abroad Office. Forms can also be mailed directly to the office.

Mailing address:

**Education Abroad Office  
Kennesaw State University  
3391 Town Point Drive  
Ste. 1700, MD 9116  
Kennesaw, GA 30144-5591**

---

*\*Please initial all applicable statements below\**

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

\_\_\_\_\_ I have read the attached Program Description

\_\_\_\_\_ I have read the attached Education Abroad Physical Requirement Assessment Form

**Based on my examination of the applicant's medical history and program related information, it is my professional determination that the student is:**

\_\_\_\_\_ **Cleared** to participate on the Education Abroad Program

With no restrictions

With restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Not Cleared** to participate on the Education Abroad Program

\_\_\_\_\_  
Licensed Provider Name

\_\_\_\_\_  
Licensed Provider Telephone Number

\_\_\_\_\_  
Licensed Provider Signature

Provider Rubber Stamp or Business Card  
Here

\_\_\_\_\_  
Date