TO THE HEALTHCARE PROVIDER: Thank you for taking the time to meet with this student preparing to do an internship outside the United States. Living and working in an unfamiliar environment can be an enriching experience as well as a physically and mentally challenging one that has the potential to trigger and/or exacerbate emotional health concerns. It is important to be aware that some health support services abroad may be limited or not available in the same capacity as they are on Colby’s campus or in the U.S. generally. For this reason, we encourage all students to share information about their health history so that we can prepare them properly for their experience and make arrangements for any special accommodations, if necessary.

Please provide a careful and complete evaluation of this student’s health and how it may be affected by the study internship experience. In order to ensure the student’s well being, we expect full disclosure of any health history that could be potentially problematic for a student overseas. Discuss possible accommodations the student should make or discuss with program staff. Please consider, in particular, the case of an unconscious student being treated in a hospital with this report constituting the sole medical history.

Please give as much detail as possible in answering the following questions:

Date of Examination_____________________

Student’s general state of health:    Excellent ☐    Good ☐    Fair ☐    Poor ☐

Does the student have any dietary restrictions?    Yes ☐    No ☐

Please specify: ______________________________________________________________

Does the student have any allergies to:

Foods    Yes ☐    No ☐    Specify: ______________________________________________________________

Environment    Yes ☐    No ☐    Specify: ______________________________________________________________

Medication    Yes ☐    No ☐    SPECIFY MEDICATION NAME, NOT BRAND NAME: __________________

Does the student have any history of physical disability, chronic illness or a mental health condition that might require attention during the internship?    Yes ☐    No ☐

Please specify or attach additional information:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Does the student use any regular medication – prescription or otherwise? Yes ☐    No ☐

Please specify medication name – not brand name - and dosage:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
For any Colby student participating in an internship outside the United States that is registered with the college.

Is the student presently receiving treatment for a physical or mental health condition?  Yes ☐  No ☐

Please specify:

Note: Student will fill out a Confidential Mental Health History form. This form will be sent directly to the student.

Is there any serious impairment of:

- Eyesight  Yes ☐  No ☐
- Hearing  Yes ☐  No ☐
- Speech  Yes ☐  No ☐

Date of last tetanus shot_____________________________________________________

Please complete one of the following and attach any additional medical information.

I have examined ________________________________________ and believe him/her to be physically qualified to participate effectively in a program of study and travel abroad.

or

I have examined ________________________________________ and s/he is under treatment for ______________________________. S/he will require a letter from his/her treating practitioner before qualifying for study abroad.

Date________________ Name of Physician________________________

Address & Phone ________________________________________________

Physician’s Signature____________________________________________

Please return the completed & signed form to:
Colby College Career Center, 4140 Mayflower Hill, Waterville, ME 04901
Fax: (207) 859-4142 Email: internship@colby.edu