Please follow these instructions for study abroad clearance requirements.

| 1. | Prio | r to your appointm | ent: | | | |
|----|---|--------------------------------------|----------------|--|--|--|
| | | • | • | ration records (from parents/guardians, previous r prior schools) to your Travel appointment | | |
| | | Bring a paper copy | of the Natural | I Reserve System - Health History Form and Instructions | | |
| | | • | | nealth or specialty healthcare provider (i.e. Cardiology, r) for ongoing health conditions, please have your | | |
| | | provider complete travel appointment | | f the UCEAP Health Clearance Form and bring to the | | |
| 2. | Sche | edule your appointr | ment: | | | |
| | | Schedule an NP He | alth Clearance | visit by calling SHS at (858) 534-3300 | | |
| | | • • | • | erson at the SHS clinic or by telehealth. <i>Telehealth visits</i> at the time of their appointment. | | |
| | ☐ Complete the <i>Confidential Health History</i> questionnaire on-line in MyStudentChart ☐ The <i>UCEAP Health Clearance Form</i> will be sent electronically via MyStudentChart within 3-5 days after appointment | | | | | |
| 3. | Cost | t and Fees: | | | | |
| | | | | T . 10 . () | | |

| | Required | Total Cost (based on insurance) |
|---------------------|----------|---|
| NP Health Clearance | Yes | \$80 SHIP / \$80 RAFT / \$115 Fee for Service |

More information about the cost of immunizations and travel visits here: https://studenthealth.ucsd.edu/services/cost/index.html