



IBIM Program

CONFIDENTIAL MEDICAL REPORT

Why does the IBIM program require a medical report?

A healthy body and mind are essential for a successful travel abroad experience. New environments, changes in routines, different foods, and unfamiliar customs can impact the physical, psychological, and emotional well-being of students abroad. In addition, availability and accessibility of medical resources abroad may differ from the standards of Bentley and United States. It is important for students to consider ahead of time how they will manage their health abroad and what medical problems they may encounter. The medical report allows Bentley staff to assist individual students in planning a safe and healthy experience.

Who will review the medical report?

Professional Bentley IBIM staff will review all medical reports and may contact a program participant to discuss certain information. Bentley staff will assist students in identifying any necessary resources here at Bentley and at the program site abroad. With the permission of the student, certain information may be shared with staff at the host institution to help facilitate services and care abroad. In the event of a medical emergency in which a student is not able to communicate with medical personnel, Bentley may forward the report to assist in the provision of appropriate diagnosis and treatment.

Will information provided in the report prevent a student from studying abroad?

The medical report is intended to help students and is not intended to restrict access to the IBIM program or any travel abroad. It is important that students be completely honest on the form and do not omit any of the information requested. Students with any serious physical, psychological, or emotional health concerns should carefully discuss their plans with their families, health care providers, and an IBIM adviser.

Will the medical report become part of a student's academic file?

The medical report will not become part of a student's permanent academic file. All medical reports will be filed by a Bentley staff member and will be kept separately from students' general education abroad file.

How long will Bentley retain the medical report?

Bentley will destroy medical reports after students graduate.

Who can perform the physical examination and complete the medical report?

The medical report must be completed by a medical doctor, certified nurse practitioner, or physician's assistant who has conducted full physical examination of the patient within 12 months of the start of the program. It is recommended that the form be completed by the student's primary health care provider who is most familiar with the patient's complete medical history. Student Health Services at Bentley does not provide physical examinations for travel abroad purposes.

Campus Resources:

Student Health Services: 781-891-2222

Counseling and Student Development: 781-891-2274

Bentley IBIM Medical Report

Physical Exam

Patient's Name _____

Your physical examination must take place within twelve months of departure for your program.

THIS SIDE TO BE COMPLETED BY THE EXAMINING PROFESSIONAL (MD, Certified Nurse Practitioner, or Physician's Assistant only) ONLY after a CURRENT medical examination. No other medical forms will be accepted in substitution.

Date of Examination _____ How long have you known the patient? _____

Blood Pressure _____ Height _____ Weight _____

Please comment on the student's medical history by answering the following questions with Yes, No, or Not Applicable.

Has the patient: _____ If yes, please provide details including dates _____
had any past surgeries? YES _____ NO _____ N/A _____
ever been hospitalized? YES _____ NO _____ N/A _____
ever required ER treatment? YES _____ NO _____ N/A _____

Please mark all HISTORIC OR CURRENT conditions that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergies of any kind | <input type="checkbox"/> Epilepsy or seizures | <input type="checkbox"/> Neurological condition |
| <input type="checkbox"/> Anaphylactic Shock | <input type="checkbox"/> Frequent indigestion or ulcer | <input type="checkbox"/> Reaction to antibiotics |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart or circulatory complications | <input type="checkbox"/> Recent gain of weight |
| <input type="checkbox"/> Cancer or tumors | <input type="checkbox"/> Head injury | <input type="checkbox"/> Recent loss of weight |
| <input type="checkbox"/> Chronic respiratory problems | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Skin disease |
| <input type="checkbox"/> Chronic digestive/g.i. problems | <input type="checkbox"/> Jaundice/hepatitis | <input type="checkbox"/> Thyroid problems |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Liver or gall bladder problems | <input type="checkbox"/> Trouble with eyes, ears, nose, or throat |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Menstrual problems | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Dizziness/fainting spells | <input type="checkbox"/> Narcotic dependency | <input type="checkbox"/> Venereal disease |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Alcohol dependency | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Psychological/emotional/psychiatric conditions | _____ |

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Please explain any items identified and attach an additional sheet or Physician's report if necessary.

Is the student now taking any medication that he/she will be taking abroad? YES _____ NO _____
If yes, please list all medication(s), dosage(s) and use(s):

Please comment in detail on any medical condition (in particular those listed above) that currently affects this student.

Is there any psychological condition that currently affects this student? YES _____ NO _____
If yes, please comment:

To the best of my knowledge, the above named student has no physical or mental conditions that should prevent him/her from participating successfully in his/her international experience.



Examiner's Signature _____ Date _____
Examiner's Name (Please Print) _____ Title _____
Examiner's Address _____
Examiner's Telephone _____

[Student must return the ORIGINAL, completed form at least 45 days prior to departure.]