

HEALTH CLEARANCE FORM

Year of Travel: 2022	Program: 5th Grade Japan Cultural Exchange	Country of Travel: Japan
Student Last Name: _____ First Name: _____ M.I.: _____ Gender: _____		
Parent/Guardian Last Name: _____ First Name: _____		
Parent/Guardian Last Name: _____ First Name: _____		

This **Health Clearance Form** allows 2022 5th Grade Japan Cultural Exchange coordinators and staff to identify participants with medical concerns, clarify their individual needs, and make preparations for adequate support. Candid responses will facilitate safeguarding your child's health and wellness while abroad. If your child has a medical or mental health condition that may be affected by participation in the program, we want to recognize it, discuss your needs and concerns, and respond appropriately within the limits of available resources and facilities.

A physical exam AND completion of this Health Clearance Form is REQUIRED for each student who plans to participate in a travel abroad program that is sponsored or approved by Oya No Kai, Inc. ("ONK" or "Oya No Kai"). **The physical exam must be completed between June 1, 2021 and December 31, 2021.** These requirements cannot be waived. Information about the student's health does not affect program admission; it will only preclude student participation if essential care is unavailable.

Multnomah County Student Health Centers provide comprehensive primary and mental health care services to all Multnomah County children ages 5–18 at no cost. A list of health center locations can be found at: <https://multco.us/school/student-health-centers-locations-and-hours>.

Narcotics, psychotropics, other stimulant drugs, and syringes are illegal and/or restricted in Japan and special permission must be obtained in advance from the Japanese government for a student bringing such prescriptions. Assistance will be available to parent/guardian(s) to secure the necessary approvals and certifications. Applications for governmental approval must be made no later than January 1, 2022. **It is not an option to have your child not take necessary medications on the trip unless specifically authorized by your child's physician/medical provider.***

There are **FOUR** parts to this **Health Clearance Form**. All Parts are **DUE to ONK by December 31, 2021**.

- **Part I: Guardian Authorization** (p 3-4). Completed by parent/guardian(s). Submit to ONK.
- **Part II: Personal Health History of Traveling Child** (pp 5-7). Completed by parent/guardian(s) and given to the physician or medical provider who conducts the physical exam.
- **Part III: Physician Health Report & Examination** (p 8). Completed by the physician/medical provider who conducts the physical exam. Submit to ONK along with Part II.
- **Part IV: Supplemental Physician's Report for Overseas Travel** (pp 9-10). If needed, completed by the physician/medical provider who completed Part III or other treating physician.

Please mail the **Health Clearance Form** to:

Oya No Kai, Inc.
5th Grade Japan Cultural Exchange Coordinator
 PO Box 13786
 Portland, OR 97213 *Attn: Health Clearance Form*

All application forms must be submitted by regular mail to the PO BOX. **Please DO NOT leave any application materials at school or in school cubbies.**

Privacy of Medical Information: The information you provide will be handled as private information and will be accessible only as necessary to the Exchange Coordinator, Trip Director and Trip Chaperones to prepare for the trip. While abroad, as needed, information can be shared with involved health/medical providers and students' host families.

Future Medical Problems: Should your child develop a significant health problem between the time you complete this form and begin the program, please promptly notify the Exchange Coordinator and provide an updated physician's report (if relevant).

Students with Disabilities: Oya No Kai is committed to ensuring that all students who are ready to travel based on trip requirements can participate. We will facilitate students with disabilities as much as possible within the constraints of resources available to Oya No Kai and our hosting establishments in Japan. Every effort will be made to make sure the student has a safe and enjoyable travel abroad experience regardless of ability.

Oya No Kai is committed to the health and safety of all our program participants. Preparation, prevention, and communication are key to keeping students safe and healthy. Thank you for fully disclosing your child's health history and completing this form, along with your medical provider.

*More information on Japan's restrictions on bringing medication into Japan for personal use can be found here:
<https://jp.usembassy.gov/services/importing-medication/>
<https://www.mhlw.go.jp/english/policy/health-medical/pharmaceuticals/dl/qa1.pdf>

I certify that I have read this Health Clearance Form, including all the instructions, and agree to abide by them. I certify that the information on this Health Clearance Form is accurate and complete. I acknowledge and agree that any failure to provide accurate and complete information will result in my child not being able to attend the trip program or my child's dismissal from the trip program, and that I will be responsible for any associated costs. I agree to notify Oya No Kai, Inc. of any material or relevant changes in my child's health that occur prior to the travel abroad program or while on the program. I understand that this Health Clearance Form is to assist Oya No Kai, Inc. identify participants with medical concerns, clarify their individual needs, and prepare for adequate support to the extent possible but that this Health Clearance Form cannot guarantee support or guarantee that my child's needs will be met. I further understand this Health Clearance Form does not guarantee that my child will be ready for the trip program and does not identify all the possible risks. I understand that it is my responsibility to evaluate my child's own personal risks in deciding to participate. I understand individuals with certain underlying medical conditions are at increased risk for severe illness from COVID-19 and should carefully consider whether international travel is advisable at this time.

Signature of Custodial Parent/ Guardian

Signature of Custodial Parent/ Guardian

Print Name of Custodial Parent/ Guardian

Print Name of Custodial Parent/ Guardian

Date

Date

Part II: Personal Health History of Traveling Student

Year of Travel: 2022	Program: 5th Grade Japan Cultural Exchange	Country of Travel: Japan
Student Last Name: _____ First Name: _____ M.I.: _____ Gender: _____		
Parent/Guardian Last Name: _____ First Name: _____		
Parent/Guardian Last Name: _____ First Name: _____		

Overseas trips can be an enriching experience as well as a physically and mentally challenging one. Mild or pre-existing health conditions can become serious for some students as they transition into an unfamiliar culture and environment. Parent/Guardian(s) must fully disclose their child’s health history so that we may prepare them properly for their experience, make arrangements for any special accommodations if necessary, and in some cases, assess whether there may be any health reasons that a student should consider another program. Please give as much detail as possible in answering the following questions.

This Personal Health History **MUST** be complete when given to the evaluating medical provider. Disclose your child’s health history to the medical provider performing the physical exam, even if you believe a condition is under control.

Please check “yes” if your child has experienced any of the following diagnoses or symptoms. Please give details below on any checked response, adding additional paper if necessary.

	YES		YES		YES
Abdominal problems (irritable bowel syndrome/chronic diarrhea)		Celiac disease		Impulse control issues	
ADD/ADHD/Attention Deficit Disorder		Cerebral palsy		Joint problems	
Anemia		Crohn’s disease		Migraines or severe headaches	
Anxiety		Depression		Recurrent dizziness/faintness	
Arthritis		Diabetes		Substance Use/Abuse	
Asthma		Eating disorder		Thyroid disorder	
Autism/Asperger’s (ASD)		Epilepsy (seizures)			
Back problems		Gastrointestinal disorder		Allergy (please specify below)	
Bipolar disorder		Head injury/concussion		Hay fever allergy	
Bladder/kidney problems, including bed wetting		Heart murmur/disease		Bees/wasps/insect allergy	
Bleeding/clotting disorder		High blood pressure		Pet/animal dander	
Blood disorder		Immune system problems		Other allergy (please specify)	
Cancer or leukemia		Impaired use of any limbs		Other chronic disease (please specify)	

Comment below on any condition(s) that you have checked “yes” above:

Please answer the following questions either 'yes' or 'no.' Do not leave any question blank.

1. Is your child currently taking any medications (including antigen/immunotherapy allergy injections)? If yes, please list and give details, including dosage and for what conditions. Yes No

2. Does your child have allergies or any allergic reaction that require your child to carry an EpiPen or other similar device? If yes, please give diagnosis and date. Yes No

3. Has your child ever been hospitalized? If yes, please give diagnosis and date. Yes No

4. Does your child have any permanent injury or physical disability? If so, please explain. Yes No

5. Does your child have any health requirements or dietary restrictions? If yes, please explain. Yes No

6. In the last two years, has your child received counseling or been treated for a mental health condition, substance abuse, or eating disorder? If yes, please explain. Yes No
7. Has your child had any diseases, surgical operations or significant injuries within the last five (5) years that could have an impact on your child's participation in this program? If yes, please explain. Yes No
8. Are there any recommended or planned surgical operations for your child between now and your date of departure? If yes, please explain. Yes No
9. Does your child have any conditions (including physical impairments or learning disabilities) that might restrict mobility or require special facilities or accommodation while abroad? If yes, please explain. Yes No

The signature below confirms that I agree that Oya No Kai may share this information with its medical and mental health consultants for the purpose of completing the health review process, and that all information contained is accurate and complete.

Each custodial parent or legal guardian of the Student Participant must sign below unless court documents proving sole custodianship are provided.

Signature of Custodial Parent/ Guardian

Signature of Custodial Parent/ Guardian

Print Name of Custodial Parent/ Guardian

Print Name of Custodial Parent/ Guardian

Date

Date

Part III: Physician Health Report and Examination

Year of Travel: 2022 Program: 5th Grade Japan Cultural Exchange Country of Travel: Japan
Student Last Name: First Name: M.I.: Gender:
Parent/Guardian Last Name: First Name:
Parent/Guardian Last Name: First Name:

To the Examining Physician: Oya No Kai offers a cultural exchange program to Japan for students. The program includes a busy schedule not for leisurely travel. The weather will be hot and humid. Students will live with a host family in varying proximity to Western-style health facilities and psychological services. Please carefully consider the child’s general fitness and physical and mental health in relation to the country, the type of program, and the conditions in which the student will be living. This report should be based upon an examination made on or after June 1, 2021. Part IV is to be used for further health information for any “Yes” answers given in this Part III. Please return this report to the student’s parent/guardian(s) upon completion.

Please answer the following questions by circling “Yes” or “No.” Do not leave any question blank. Please give details on any checked “Yes” response in Part IV.

Table with 10 rows and 3 columns. Questions about student health: 1. Underweight/overweight, 2. Eating disorder, 3. Allergies, 4. Asthma/allergies, 5. Medical treatment, 6. Speech/hearing/eyesight impairment, 7. Counseling/mental health, 8. Congenital/chronic conditions, 9. Physical activity limitations, 10. Underlying medical conditions for COVID-19 risk.

Having examined the student/child and reviewed the student’s past medical history and to the best of my knowledge, I agree that the above-named student is healthy enough to participate in the program indicated above.

Signature of physician or medical provider:
Printed Name: Medical License No.
Address: City: State:
Zip: Telephone: Fax:

Part IV: Supplemental Physician Health Report for Overseas Travel

(Must be completed by the physician/medical provider for any "Yes" answers given in Part III.)

NOTE TO PARENT/GUARDIAN(S) OF STUDENT: If your student has multiple medical/mental health conditions, *a separate Part IV form must be submitted for each condition.* For any treatment/medication, please also make sure to obtain a doctor's note containing your child's name.

Diagnosis: _____

I have treated this individual for the above condition:

- within the past six months
- within the last year
- more than a year ago (please specify date): _____

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Medications and dosage:

Stability of condition over the past five (5) years:

- stable without treatment/medication stable with treatment/medication not stable
- other: _____

Please answer the following questions to the best of your knowledge.

Are there any limitations to the student's participation in a physically and emotionally rigorous overseas program?

Are there any predisposing medical, physical, or emotional factors that, under stress of international travel, may require treatment while the student is abroad?

If the student is taking any narcotic, psychotropic, or other stimulant drug, are there any alternative and effective treatments available? ** Narcotics, psychotropics, other stimulant drugs, and syringes are illegal and/or restricted in Japan and special permission must be obtained in advance from the Japanese government for a student bringing such prescriptions.**

In your provider opinion, with appropriate instruction, can this student's medical/health condition be supervised overseas by non-medically trained and non-English speaking adult(s)?

Further recommendations for care of this student while abroad:

Signature of physician or medical provider: _____

Printed Name: _____ Medical License No. _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____