

**Mental Health Clearance for Study in
Tufts Programs Abroad**

Student Name: _____

Tufts Abroad Program in: _____

Program Date: _____

The above student has received mental health care from me since _____ (date).

Check appropriate box:

At this time there is no apparent mental health contraindication to participating in the study abroad program.

If student is taking psychiatric medication, the plan for obtaining it while abroad is as follows:

I have suggested that (s)he contact the Tufts Program Abroad Resident Director of her/his program to discuss any anticipated needs for support while abroad. Comments:

I have concerns regarding the student's ability to participate in the study abroad program. Comments:

Clinician name (print): _____

Signature: _____

Phone number: _____ Date: _____

I, _____, an applicant for the Tufts Programs Abroad, give permission to my mental health provider completing this form to release the required mental health information to Tufts University Health Service, the Tufts Programs Abroad office and to the Resident Director of the Tufts Program Abroad in _____.

Student Signature: _____ Date: _____

Return form to:

Tufts Health Service Medical Clinician: _____

**Tufts University Health Service
124 Professors Row
Medford MA 02155
Fax: 617-627-3592**