



Congratulations on receiving an East-West Center fellowship!

One of my responsibilities is to assist you with any health-related concerns you may have during your time at the Center.

Whether your award includes health insurance coverage or you have an independent health insurance plan, some health items and services, such as eyeglasses, and dental care, may not be included as benefits and can be very expensive. Therefore, if you will be coming from an area where health items and services are less expensive than in Hawaii, you should:

- bring an adequate supply of any prescribed drugs you currently take (and the physician's prescription),
- bring extra eyeglasses with you,
- have all dental work completed before you come to Honolulu, and
- make an effort to take care of any personal health problems before beginning your fellowship.

Although you may, in other respects, be eligible for an EWC fellowship, the Center cannot grant you medical clearance until your Confidential Health Clearance Forms have been completed and received by EWC and the University of Hawaii in Honolulu. To assist you in completing East-West Center Confidential Health Clearance Form, please note the following:

- a) Record any health problem, disability or special need you may have.
- b) If you have been hospitalized or have had a serious health problem within the past two years, have the examining physician complete the enclosed Physician's Medical Evaluation and Recommendation Form.

Please return the forms in the envelope provided to the East-West Center Award Services Office.

Tuberculosis Clearance

International Degree Fellows All international students must have a TB skin test at the UHM University Health Services upon arrival.

U.S. Degree Fellows You will need to submit results of TB skin test taken within one year prior to university enrollment. If you have not had a TB skin test in the past 12 months, you must have a TB skin test at the UHM University Health Services.

We schedule time at the beginning of the orientation program for the TB skin test.

Detailed information on obtaining health care in Hawaii and on health insurance will be presented soon after you arrive in Honolulu. Please contact me if you would like any information before that time.

I look forward to your arrival.

Sincerely,

Mendl Djunaidy

Mendl Djunaidy
Associate Dean



CONFIDENTIAL HEALTH CLEARANCE FORM

A completed Health Clearance Form is **required** of all degree fellows registering at the University of Hawai'i. Please answer all of the questions and sign at the bottom.

1. What health problems or conditions (diseases, illnesses, or injuries) have you had in the past two years?

Problem/Condition	Dates	Medical Person's Specialty	Treatments	Are you still under treatment?

2. Have any of these health problems or conditions been of a serious nature or resulted in your hospitalization?

Yes (complete question #3) No (go to question #4)

3. If you have had a serious problem or have been hospitalized within the past two years, you must have a physician complete the attached Physician's Medical Evaluation and Recommendation Form and return it to us with this clearance form.
4. List all health/medical problems, conditions or special needs that you have which you think might affect or limit your involvement in East-West Center activities or your living with others in an East-West Center residence hall.

5. Do you have any dietary restrictions? If yes, please list.

6. Please use this space to inform us of any way in which the East-West Center might assist you or your accompanying dependents with a health concern.

7. "I declare that the information on this form is true and complete to the best of my knowledge and attest that I am in sufficiently good health and condition to participate in East-West Center activities."

Participant's Signature

Date

Print Name



PHYSICIAN’S MEDICAL EVALUATION AND RECOMMENDATION

To be completed **only** if patient has been hospitalized or had a serious health problem within the past two years.

To the Physician:

This person has received an East-West Center (EWC) award. This award involves traveling to Honolulu, Hawai`i, living closely with others from different cultures in a campus residential building, participating in full days of classes, and often, nights of study and Center events and activities.

The following information is asked in an effort to help maintain EWC participants’ health status while on award.

Patient’s Name (please print or type)

Please answer the following questions in relation to the hospitalization or serious health problem the patient listed on the East-West Center Health Clearance Form.

1. Are any follow-up visits or treatments recommended? (Check one)

- Yes No

2. What special services or special care do you think would benefit this person while an East-West Center participant in Honolulu, Hawai`i?

3. What are your recommendations for restrictions in physical activities?

- No restrictions
 Modified physical activities (please explain): _____

 Minimum of physical activities
 Other restrictions you would recommend: _____

4. What specific recommendations do you have which you believe would help maintain or improve this person’s health status?

“I declare that the above information is true and complete to the best of my knowledge and certify that this person is in sufficiently good health to participate as an East-West Center participant.”

_____, M.D. _____ Date _____ Signature

M.D. Physician’s Printed or Typed Name

Physician’s address