



Semester at Sea®  
Institute for Shipboard Education  
P.O. Box 400885  
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Greetings,

This document contains the Medical History Form for the Spring 2015 Voyage of Semester at Sea. Please note that all participants are required to submit a medical history form and be medically approved to sail. Your participation is contingent upon being medically cleared to sail. Please follow the instructions detailed in this packet to ensure you are approved.

The form consists of three sections:

- 1) Section 1 (pages 1-3) is to be filled out by the participant and reviewed with the physician at the time of the participant's medical exam
- 2) Section 2 (pages 4-5) is to be completed by a physician. **NOTE: SAS's medical consultants will not accept any forms with a health exam dated prior to September 10, 2014**
- 3) Section 3 (page 6) is to be completed by a medical specialist (only necessary if the participant currently has a condition that requires them to see a specialist)

The completed form must be emailed **directly to Semester at Sea at the following email account:**

[medical@semesteratsea.org](mailto:medical@semesteratsea.org)

**Please submit a separate attachment for each participant. Documents should be attached as a PDF file or word document. Embedded files from a cloud storage server are unacceptable.**

We recommend that you do not send the completed form until you have seen a travel doctor as well as the doctor performing your medical exam.

The deadline to return the Medical History Form is **Monday, December 1, 2014**. Upon receipt of the form we will review and contact you directly with any questions. It is your responsibility to provide us with additional materials (if requested) in a timely manner. Failure to do so will delay the approval process.

Please note that after the completed form is emailed to Semester at Sea the approval process may take a few weeks. When the form is received by SAS's medical consultants and you are medically cleared to sail, your status on your MyPassport page will read "Approved."

**IMPORTANT** - It is your responsibility to notify us immediately if there are any changes/additions to your medical conditions, treatment or medications after you have submitted the form to SAS's medical consultants.

#### **Helpful tips as you complete this form:**

- Do not submit any part of the Health History until ALL doctor's/Travel clinic appointments have been completed
- Send ALL records electronically. **DO NOT** send via postal service
- Check all pages for name, date of birth and completion of all sections
- If page 6 is not applicable, please do not forward a copy to SAS's medical consultants
- Do not send the ISE cover letter (this page) with your Health History
- Place ALL immunization information on page 5 – **DO NOT** send immunization records as separate documents
- ONLY** send the enclosed medical form. **DO NOT** send supplemental information unless requested

If you have any questions or concerns, just let us know and we'll be happy to help.

Best,

Jordan Knox  
Institute for Shipboard Education | Semester at Sea®  
Academic Sponsor: The University of Virginia  
434-243-3350  
[medical@semesteratsea.org](mailto:medical@semesteratsea.org)





SHIP ID # \_\_\_\_\_

(For office use only)

Spring  X  Summer \_\_\_\_\_ Fall \_\_\_\_\_ 2015

**Form A: Medical History Form**  
**First three pages to be completed by Participant and reviewed**  
**at the time of exam by a Physician**

Participant's Name	Date of Birth	Age	Gender
Permanent Health Insurance Carrier		Policy Number	
Emergency Contact Name, Relationship and Phone Numbers			

**Allergies (Including allergies to medicines, foods, insect bites/stings):**

Allergy <small>List Below</small>	Reaction

**Medications you are currently taking** (If psychiatric medication, please list any taken within the past 2 months)  
 Please list any medications you are using, including psychiatric, over-the-counter, & inhalers to be taken for voyage

Medication <small>List Below</small>	Condition <small>Prescribed for</small>	Dosage <small>Size/Frequency</small>	Date Started

**NOTE: Due to an extremely limited formulary, we are unable to refill prescriptions.**  
**It is imperative that you bring a full supply of medication for the ENTIRE voyage.**  
**These must be in original containers (per month) with pharmacy labeling including**  
**your name, medication and instructions clearly displayed. These medications**  
**are to be hand-carried to the check-in process on the ship. For Semester at Sea participants,**  
**these medications (for all but current month) are to be deposited with the medical team for storage on day**  
**of embarkation. \_\_\_\_\_ (Participant's initials)**

SHIP ID # \_\_\_\_\_

(for office use only)

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**A. All current and past Conditions and Symptoms (Please choose yes or no for every condition)**

#	Condition	Y	N	#	Condition	Y	N	#	Condition	Y	N
1	High Blood Pressure			24	Skin Problem			47	Leg		
2	Heart Disease			25	Eye Problems			48	Knee		
3	Heart Murmur			26	Circulation Problems			49	Foot		
4	Irregular Heartbeat			27	Headaches			50	Ankle		
5	Family history of heart attack			28	Head injury with neurological impairment			51	Sexually Transmitted Diseases		
6	Tuberculosis			29	Stomach Ulcers			52	Currently Pregnant		
7	Recent Exposure to TB			30	Intestinal Problems			53	Medical Equipment / Devices		
8	Positive TB test – skin / xray			31	Heat Stroke/Heat Exhaustion			54	Learning Disability		
9	Hepatitis, A,B,C or D			32	Bladder Infection			55	Special Dietary requirements		
10	Seizure Disorder/Epilepsy			33	Difficulty Urinating			56	Unexpected Weight Loss		
11	Recurrent Lung Infections			34	Kidney Problems			57	Other		
12	Chronic Cough			35	Thyroid Problems			Do you currently or regularly have any of the following symptoms?			
13	Asthma			36	Endocrine Problems						
14	Blood disorder/Anemia/Sickle cell trait			37	Hearing Impairment			58	Chest Pain / Pressure		
15	Bleeding Disorder			38	Vision Impairment			59	Heart Palpitations		
16	Cancer			39	Motion Sickness			60	Frequent Shortness of Breath		
17	Diabetes			40	Sleep Walking			61	Dizziness / Fainting		
18	Hypoglycemia ( low blood sugar			41	Broken Bones			62	Unexplained Sweating		
19	Hyperglycemia (high blood Sugar)			42	Pain/Injury/Surgery to the following areas:			63	Muscle Cramps		
20	Attention Deficit (Hyperactivity) Disorder			43	Neck			64	Intolerance to warm /cold temperatures		
21	Anorexia Nervosa			44	Back			65	Heartburn		
22	Bulimia			45	Shoulder			66	PMS / Menstrual Problems		
23	Bi-Polar Disorder			46	Arm /Hand			67	Other		

**B.**

#	Counseling History (Based upon past two years)	Yes	No
1	Have you been in counseling with a therapist/doctor <b>within the past 2 years?</b>		
2	Are you <b>currently</b> in counseling with a therapist or treatment with a doctor?		
3	Have you <b>ever</b> been hospitalized (inpatient or outpatient) for a mental health condition?		
4	Have you been in substance-abuse, eating disorder or addiction treatment? If YES, provide dates of treatment:		

Academic/Career  
Maintenance of Medication  
Depression/sadness

Divorce  
Stress/Anxiety  
Eating Disorder

Family Issues  
Substance Abuse  
Suicidal ideation

Sleep Difficulties  
Bi-Polar Disorder  
Other \_\_\_\_\_

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- C. If you have answered "yes" to any of the items in sections A or B, please explain below. Include the following:**
- Specific symptoms that are occurring
  - How long symptom/condition lasts
  - Date of last occurrence
  - How often symptom/condition occurs
  - How you care for symptom/condition
  - How symptom/condition restricts your activity in any way, including your ability to run, lift, and climb

Item #	Detailed Description (including restrictions, if any)

- D. Please list all prior hospitalizations and occurrences of inpatient treatment.**  
Date(s) and reason for hospitalization(s):

\_\_\_\_\_

\_\_\_\_\_

Above is a clear representation of my medical history. I have included all relevant information regarding my medical conditions, treatment and medications to date. I understand that provision of incorrect/incomplete information is grounds for expulsion. I also agree that I will not individually seek medical treatment while in port unless pre-arranged by the ship's medical team, or in case of an emergency. I also authorize release of my complete medical information from my physicians to Institute for Shipboard Education/Semester At Sea, MHG Medical Consulting Inc, V.Ships, FrontierMEDEX and/or port authorities who may have need. This includes speaking directly with my treating physician(s).

Date \_\_\_\_\_ Participant's Signature \_\_\_\_\_

Participant's email address \_\_\_\_\_ cell # \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_  
(For Semester at Sea undergraduate students only)

**If you are currently in treatment with a specialty provider (for example, cardiologist, gastroenterologist, neurologist, mental health professional) please refer to Form B.**



SHIP ID # \_\_\_\_\_  
(for office use only)

Spring \_\_\_ X \_\_\_ Summer \_\_\_ Fall \_\_\_ 2015

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

**To be completed by a Physician:**

Medical Provider is to:

1. Review participant-reported medical information and verify completeness and accuracy
2. Understand the Semester at Sea program. Highlights are as follows:
  - Weeks or months of travel divided between time on land in foreign ports and time sailing on a 1,000 passenger ship
  - High stress experience for most participants
  - In some areas there may be no access to specialty care and/or emergency evacuation
  - High risk of falls on board while the ship is underway
  - A very limited formulary onboard, as well as difficulty accessing medications while in port
3. Summarize medical and mental health issues below
4. Provide basic health evaluation
5. Recommend for or against participation
6. Review participant's itinerary and immunization/vaccination requirements

**Summary of Medical Issues:** This list should explain all medications the participant is currently taking and/or bringing onboard.

Diagnosis	Name of Medication	Recommended plan, if condition worsens
Malaria Prophylaxis		na
Travelers' Diarrhea (if indicated)		na
Contraception		na

**If no malarial prophylaxis has been prescribed, please provide detailed rationale as to why:**



SHIP ID # \_\_\_\_\_  
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Spring \_\_\_ X \_\_\_ Summer \_\_\_ Fall \_\_\_ 2015

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

### BASIC PHYSICAL EXAMINATION

Height	
Weight	
Blood Pressure	L ___ / ___ R ___ / ___
Pregnancy Test	Positive _____ Negative _____
HgbA1c (if diabetic)	

### IMMUNIZATION RECORD-DO NOT WRITE 'SEE ATTACHED'

Please indicate **date** of immunization/vaccination or acquired immunity

Rabies	
Tetanus	
Meningitis	
MMR	
Varicella	
Hepatitis	
Other	
Other	

He / She is able to participate:

Fully, with no reservations       With some difficulty, see plans on page 4

Participation is not recommended because: \_\_\_\_\_

### Provider Information

Physician Name \_\_\_\_\_ Name of Practice \_\_\_\_\_  
 Telephone #(\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Signature \_\_\_\_\_ Date of Exam \_\_\_ / \_\_\_ / \_\_\_

Thank you for providing a clear and concise assessment of this participant's health status. With this information, he/she can maximize the educational opportunities available on this itinerary while maintaining optimal good health. The Medical Center providers onboard will review this information prior to boarding and strive to provide continuity in treatment, should the need arise.



Spring X Summer \_\_\_\_\_ Fall \_\_\_\_\_ 2015

SHIP ID # \_\_\_\_\_  
(for office use only)

**Participant's Name** \_\_\_\_\_ **Date of Birth** \_\_\_ / \_\_\_ / \_\_\_

**Form B: Specialist Evaluation Form**

To the Specialty Provider (Physician, NP, PA, Mental Health or Counselor):

Please:

1. Review participant-reported medical information and verify completeness and accuracy.
2. Understand the Semester at Sea program. Highlights are as follows:
  - a. Weeks or months of travel divided between time on land in foreign ports and time sailing on a 1,000 passenger ship
  - b. High stress experience for most participants
  - c. In some areas there is little to no access to specialty care and/or emergency evacuation
  - d. High risk of falls on board while the ship is underway
  - e. A very limited formulary onboard, as well as difficulty accessing medications while in port
3. Summarize medical and/or mental health issues below
4. Recommend for or against participation

**Please attach a clinical summary to thoroughly orient our shipboard medical team to this participant's health history and help us prepare for any possible increase in severity of condition during the voyage.**

Diagnosis: \_\_\_\_\_

Recent History of Illness: \_\_\_\_\_

\_\_\_\_\_

Risk of this condition needing care while on voyage: \_\_\_ high \_\_\_ medium \_\_\_ low

List any limitations, reservations or other comments, to include recommendations if condition worsens:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Provider Information:** Name \_\_\_\_\_ Specialty \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

He / She is able to participate:

- Fully, no reservations     With some difficulty, see plans above     Participation not recommended due to the following:

\_\_\_\_\_  
\_\_\_\_\_



## **Malaria Guidance    MV Explorer/Semester at Sea    Spring Semester 2015**

Malaria Prophylaxis should be considered for the countries on the itinerary with identified malaria risk. We encourage prophylaxis with specific recommendations as follows:

**Mexico** – No malaria risk along the United States-Mexico border area, including Ensenada.

**Hawaii** – No malaria risk.

**Japan** – No malaria risk.

**China** - No malaria risk in Shanghai or Hong Kong. Risk only if traveling away from the ship to rural areas noted below where prophylaxis should be considered. If traveling to a risk area, begin doxycycline 100 mg. daily each morning at the same time starting on **2/01** and continuing during visit and for 4 weeks thereafter, until **3/8**.

**Viet Nam** – No malaria risk in Ho Chi Minh City. Risk only if traveling away from ship to rural areas noted below where prophylaxis should be considered. If traveling to a risk area, begin doxycycline 100 mg. daily each morning at the same time starting on **2/09** and continuing during visit and for 4 weeks thereafter, until **3/17**.

**Singapore** – No malaria risk.

**Burma (Myanmar)** – No malaria risk in Rangoon (Yangon). Risk only if traveling away from ship to rural areas noted below where prophylaxis should be considered. If already taking doxycycline and traveling to risk areas, continue until **3/29**. If not previously taking doxycycline and traveling to risk areas, begin doxycycline 100 mg. daily each morning at the same time starting on **2/22** and continue during visit and for 4 weeks thereafter, until **3/29**.

**India** – Malaria risk in all areas, except areas > 2,000 m (6,562 ft) noted below. For those already taking doxycycline, continue until **4/8**. For those just starting, begin doxycycline 100 mg. daily each morning at the same time starting on **3/4** and continuing during visit and for 4 weeks thereafter, until **4/8**.

**Mauritius** – No malaria risk.

**South Africa** - No malaria risk in Cape Town area. For those already taking doxycycline and traveling to risk areas noted below and including Kruger National Park, continue until **4/27**. For those just starting doxycycline for travel to South Africa risk areas, begin 100 mg. daily each morning at the same time starting on **3/23** and continuing during visit and for 4 weeks thereafter, until **4/27**.

**Namibia** – No malaria risk in Walvis Bay. Risk only if traveling away from the ship to areas north of Etosha National Park. For those already taking doxycycline, continue until **5/4**. For those just starting doxycycline for Namibia, begin doxycycline 100 mg. daily each morning at the same time starting **3/31** and continuing during the visit and for 4 weeks thereafter until **5/4**.

**Morocco** – no malaria risk.





Regardless of use of prophylactic medication, the following **general mosquito avoidance precautions** should be advised:

- Avoid contact with mosquitoes as possible, especially between dusk and dawn, since malaria mosquitoes bite primarily at night. Other types of mosquitoes that transmit dengue fever and yellow fever bite primarily during the day and should also be avoided.
- Wear clothes that minimize exposed skin (long sleeves, long pants).
- Consider use of clothes treated with a permethrin-containing product.
- Sleep in enclosed or screened area or use permethrin treated mosquito net if in exposed area.
- Apply insect repellent such as DEET spray to exposed skin areas.
- Pyrethroid-containing insect spray can be used in living and sleeping areas especially during evening and night time hours.



### **Alternate Prophylactic Treatment – Spring 2015**

For anyone allergic to doxycycline, unusual photosensitivity, or other contraindication, atovaquone/proguanil (Malarone) is the preferred alternate with one tablet daily beginning as noted above, and continuing 7 days post last exposure. Mefloquine (Lariam) is not recommended due to possible psychiatric disturbance and resistance in some areas. **Chloroquine is not an acceptable alternate in any areas due to resistance.**

#### **\*Guidance on the three available options for chemoprophylaxis:**

##### **Atovaquone/proguanil (Malarone)**

Adult dose is one 250 mg atovaquone/100 mg proguanil fixed dose tablet beginning 1-2 days prior, daily at same time during, and for 7 days post exposure.

##### **Doxycycline**

Adult dose is 100 mg daily, beginning 1-2 days prior, daily at same time during, and for 4 weeks post exposure.

##### **Mefloquine (Lariam)**

Adult dose is one 228 mg base tablet beginning 1-2 weeks prior, weekly on same day during, and for 4 weeks post exposure.

#### **\*For countries on the itinerary with malaria risk:**

In most areas the three options above can be considered, with exceptions noted below. There are some limited areas of mefloquine resistance in Viet Nam, Burma, and China along the Burma border.

**China** – No malaria risk in Hong Kong or Shanghai. Found in some rural areas. Recommend mosquito avoidance and consider prophylaxis for river cruises that travel in rural endemic areas. May use any of three options except along the China-Burma border where mefloquine resistance is found.

**Viet Nam** – Malaria is found in rural areas except Red River Delta and coast north of Nha Trang. Rare in Mekong Delta. No risk in Ho Chi Minh City (Saigon). Use doxycycline or atovaquone/proguanil, since mefloquine resistance is found in southern areas.

**Burma (Myanmar)** – Malaria risk in rural areas throughout the country at altitudes <1000 m (<3,281 ft). None in the cities of Mandalay and Rangoon (Yangon). Use doxycycline or atovaquone/proguanil, since some mefloquine resistance in the provinces of Bago, Kachin, Kayah, Kayin, Shan, and Tanintharyi.

**India** – All areas have risk except none at heights >2,000 m. (6,561 ft.) in Himchal Pradesh, Jammu and Kashmir, and Sikkim. Present in Delhi and Bombay (Mumbai). May use any of the three options.

**South Africa** – Present in Kruger National Park for which prophylaxis with any of the three options may be used. Other areas with risk are Mpumalanga and Limpopo Provinces and NE KwaZulu-Natal south to Tugela River. No risk in Cape Town.

**Namibia** – Present north of Etosha National Park. May use any of the three options.