



Medical Examination Report

Student's Name: _____ DOB: _____

Permanent Address: _____

Study Abroad Country and Dates Abroad: _____

To the Examining Healthcare Provider:

The above named applicant would like to participate in a study abroad program that may include unusual mental and physical stress as well as significant variation in diet. Please give us your candid professional judgment as to his/her physical and mental health so that we may add this to the data used to evaluate the student's candidacy. Examination should be within 12 months of proposed program.

____ Family Physician / ____ Other Specify: _____

Applicant's General State of Health:

____ Excellent ____ Good ____ Fair ____ Poor

1. To the best of your knowledge, does the applicant have any health problems that either prevents him/her from taking part in a study abroad program away from home or would seriously affect his/her participation in such a program? If Yes, please explain:

2. Does the applicant have any chronic ailment that requires special consideration, treatment or medication? If so, in your judgment, will the applicant experience difficulty receiving this special consideration, treatment, or medication away from home, particularly abroad?

Examining Healthcare Provider's Name: _____

Signature: _____ Date: _____

Address: _____