

**Office of International and Off-Campus Programs and Summer School  
MEDICAL EXAMINATION REPORT**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

To the examining physician:

The above-named applicant needs to participate in a study away 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.)

Evaluator:

Family Physician \_\_\_\_\_ Other (specify) \_\_\_\_\_

1. Applicant's general state of health (Physical/Mental):

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

2. To the best of knowledge, does the applicant have any health problems that either prevent him/her from taking part in a study program away from home or would seriously affect his/her participation in such a program? If "yes" please provide details.

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

3. 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?

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

4. Is the student currently taking any medications? If so, please list.

Physician's Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

