

STATE UNIVERSITY OF NEW YORK
Overseas Academic Programs

PHYSICIAN'S STATEMENT

TO THE STUDENT: Please authorize by your signature below the release of any medical information that may be relevant in the opinion of your physician to your participation in a study abroad program.

Name: _____
Last First Middle

Program: _____
Location Abroad Length of Overseas Program Dates of Participation

Student's Signature _____ Date _____

Parent/Guardian's Signature (required if student is under 18 years of age) _____ Date _____

TO THE EXAMINING PHYSICIAN: The above named student has been accepted to participate in a State University of New York Overseas Academic Program. S/he will live and study for a summer, semester or year in the country/countries noted above. This report should be based upon an examination made within six months of the expected overseas program participation.

1. Please indicate your relationship with the student. (Note: Parent-physician reports are not acceptable.)
 Family Physician College/University Physician Other (describe): _____

2. Review with the student the Student Health Information form s/he completed. Please describe below any additional information that would help to further explain and/or clarify the student's self-reported health information.

3. Based upon your physical examination of this student, please explain your findings and recommendations.

Physical Findings:

Recommendations:

4. Is there any existing health condition that may require treatment during the period of study abroad? If so, what is the condition and what treatment may be required?

5. To your knowledge are there any predisposing medical, physical, or emotional factors which under stress of adjusting to another culture may require treatment while the student is abroad? If so, please specify.

6. Review and update routine vaccinations as you deem necessary.

Physician's Name (please print): _____ Address: _____

Signature: _____ Date: _____

