

## Physician's Statement

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Applicant name: \_\_\_\_\_

Study Abroad location: \_\_\_\_\_ Study Abroad duration: \_\_\_\_\_

***This candidate's application cannot be completed until we receive this form from you.  
Please return it promptly to the address below.***

Study Abroad is a rigorous program that expects students to learn from academic classes as well as structured and unstructured activities while living overseas. Students will participate in excursions and activities that may include moderate physical activity such as walking, hiking and/or other recreational sports. They will be expected to exercise good judgment and display flexibility to live and study in a setting often quite different from home, where resources may be different or fewer than those to which they are accustomed.

I have examined \_\_\_\_\_ and believe he/she is physically/mentally qualified to participate in an overseas study program. In my judgment, this candidate is not likely to need medical or surgical attention during the proposed period of study abroad as the result of disease, operation or injury heretofore experienced. He/she presents no contraindication that would preclude participation in study abroad.

I believe the state of the applicant's health is:     excellent     good     fair     poor

**His/her personal health record is as follows:**

*(Please take into consideration evidence of irritability, headaches, allergy, insomnia, diabetes, depression, asthma, etc.)*

**ADDITIONAL COMMENTS:**

Physician Name *(please print)*: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Please send completed form to:*

**College of DuPage | Field Studies/Study Abroad, BIC 3509 | 425 Fawell Blvd. | Glen Ellyn, IL 60137-6599**