



**The new and strenuous environment each student faces while participating in a Study Abroad Program will tax his/her physical and mental capabilities to the fullest. Therefore, it is imperative, as a safeguard to the health of the participant, that this report be as complete and accurate as possible.**

After completing the "Health Disclosure Form," please fill out the top portion of this "Physician's Release" form. Submit both to your physician for his/her completion and signature. All medical information is kept confidential and provided only, as stated on the attached "Health Disclosure Form," on a need to know basis.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Tour Dates: \_\_\_\_\_ Tour Location: \_\_\_\_\_

**To be completed by Physician:**

I have examined \_\_\_\_\_, read their completed "Health Disclosure Form", and believe that (please indicate one of the following:)

- ☐ He/she is **physically qualified** to participate in an overseas study program to \_\_\_\_\_(location). He/she presents no evidence of communicable disease, of over-fatigue, or any other condition which would affect the quality of his/her academic performance or experience abroad.
- ☐ He/she has indicated a condition as stated on the "Health Disclosure Form." I have discussed this condition with the participant and **do NOT approve travel** and residency abroad at this time.
- ☐ He/she has indicated a condition as stated on the "Health Disclosure Form." I have discussed this condition with the participant and give **conditional approval** for travel and residency abroad with the following stipulations:

---

---

---

\_\_\_\_\_  
Print Name of Physician

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

Address, phone, and ID of Physician