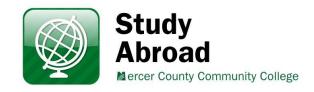
Mercer County Community College Faculty-led Study Abroad PHYSICIAN'S RELEASE FORM



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 Ph	ysician:	
I have examined "Health Disclosure Form	n", and believe that (please indicate one of the followin	neir completed g:)
disease, of over his/her academic He/she has indicated this of the residency abroad. He/she has indicated this control of the she has indicated the she has	clically qualified to participate in an overseas stude (location). He/she presents no evidence of refatigue, or any other condition which would affect to performance or experience abroad. The exact a condition as stated on the "Health Disclosure I condition with the participant and do NOT approximated a condition as stated on the "Health Disclosure I condition with the participant and give conditional approximated with the following stipulations:	communicable the quality of Form." I have ve travel and
Print Name of Physician	Signature of Physician	Date
Frint Name of Physician	Signature of Physician	Date
	Address, phone, and ID of Physician	