PLYMOUTH STATE UNIVERSITY
PHYSICIAN REPORT
FOR EXCHANGE STUDENTS

Please bring this report to your physician.

Student Name: _____ Date of Birth_____

Home University:_____ Dates of Study at PSU:_____

TO THE EXAMINING PHYSICIAN: The above named student has applied to participate in a study away program. This report should be based upon an examination made within six months of the expected program participation.

Please indicate your relationship with the student. Note that we do not accept reports completed by a parent-physician:

____Family Physician ____Other, please describe: _____

____College Physician

Please indicate whether any of the following medical conditions exist, only if they could interfere substantially with the student's ability to successfully complete the international study program.

If the answer to any of the following questions is "yes", please give details on the reverse side or a separate sheet.

1. Is the applicant seriously underweight or overweight? ____Yes ____No

2. Does the applicant have any physical disabilities which might cause hardship through change of diet, change of climate, carrying his/her own luggage, or strenuous travel? ____Yes ____No

3. Does the applicant have any dietary restrictions or food or other allergies? ____Yes ____No

4. Does the applicant have any history of emotional disturbance? ____Yes ____No

5. 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? *Note that most health insurance coverage does not include treatment for preexisting conditions.* ____Yes ___No

6. 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 studying away? ____Yes ____No

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Physician's Name:_____Signature:_____

Address:_____ Date: _____

Please return this form to:

Global Engagement Office

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