

PHYSICIAN'S STATEMENT FOR STUDY ABROAD PARTICIPATION



Student Name _____ City/Country/Program _____ Height _____ Weight _____

To the Examining Physician: The above named student has been accepted to participate in a Tulane University Payson Center Abroad program and will live abroad for six months to a year in the country noted above. The information provided by you below will enable Office of Study Abroad to provide appropriate counseling and support services for a successful and rewarding experience.

- 1) Does the applicant have any physical disabilities which might be aggravated through a change of diet, change of climate, carrying his/her own luggage, or strenuous travel? Yes No (if yes, please explain)
- 2) Does the applicant have any dietary restrictions? Yes No (if yes, please explain)
- 3) Does the applicant have any allergies to food or other allergens? Yes No (if yes, please explain)
- 4) Does the applicant have any history of emotional disturbance? Yes No (if yes, please explain)
- 5) Are there any existing health conditions that may require treatment during the period of study abroad? Yes No (if yes, please explain) If so, what are the condition(s) and what treatment(s) may be required?
- 6) To your knowledge, does the applicant have any predisposing medical, physical, or psychology factors which may require treatment while the student is abroad or that could be exacerbated by the stress of adjusting another culture? Yes No (if yes, please explain)
- 7) Do you know if this student is using any type of drug or medication for health reasons which may be difficult to acquire or may be illegal in their study abroad program country? Yes No (if yes, please explain)
- 8) Is the applicant currently on any medication? Yes No (if yes, please explain)

If you answered yes to any of the above questions please give details below or on back:

I examined _____ on _____ and certify that he/she is
(Patient's Name) (Date of Examination)
mentally able to participate in a Tulane University Payson Center Study Abroad Program.

Signed _____

Print Name _____

Date _____

Address: _____

Telephone Number: _____

E-mail Address: _____