** *Certificate of Health*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_

Birthday (M/D/Y) \_\_\_\_\_\_\_\_\_\_ Blood type:\_\_\_\_\_\_\_ Height\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_

**Medical history—to be completed by student**

**If necessary, use an additional sheet of paper**

1. Is your physical and mental health sufficient to study abroad?

2. Have you ever been treated for any physical or mental problems which might affect you when you are abroad? Please give details.

3. Will you require any special accommodations or support services while you are abroad because of a disability? Please provide details.

4. What allergies, including medication allergies do you have?

5. When were your last immunizations?

Tetanus:\_\_\_\_\_\_\_\_\_\_\_ Measles: \_\_\_\_\_\_\_\_\_\_\_ Mumps: \_\_\_\_\_\_\_\_\_\_ Rubella: \_\_\_\_\_\_\_\_\_\_

6. What diseases or injuries have you had in the past 5 years?

7. Are you currently taking prescription medication? Please provide details.

8. If you have a restricted diet please provide details.

9 You must have medical insurance coverage while studying abroad. Please provide information on your insurance coverage.

Name of insurance company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Certificate of Health*

**Part 2: to be completed by physician**

Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This student is applying to a study abroad program in France. Mild physical or psychological disorders can become serious under stresses of travel and living abroad. We appreciate your answers to the following questions.

1. To the best of your knowledge, has this student been treated for or has this student suffered from any physical or psychological disorders that would be exacerbated by the stress of living abroad for several months?

Yes □ No □

2. How long have you known this applicant?

3. Does this student’s physical or psychological condition place restrictions on his or her ability to travel?

Yes □ No □

4. In your opinion is this student physically and mentally fit to study abroad at this time?

Yes □ No □

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address & telephone: