SIS Intercultural Study Abroad

Engage with the World. Study Abroad.

Health Examination Form

This form is to ensure SIS is aware of any existing conditions of the student that may affect their participation in the program. The form should be completed by the applicant's physician (family or university health center physician). If the answer to any of the questions below is "Yes," the physician should provide details on the last page, indicating in each case whether the condition is likely to affect the student's full participation in the study abroad program. *Please return completed form via email to info@sisstudyabroad.com.*

Applicant's Name: _____ Applicant's Date of Birth: _____

Question	**Yes**	**No**
1. Is the applicant seriously underweight or overweight?		
2. Does the applicant have any dietary restriction or food allergies?		
3. Is the applicant allergic to any medications?		
4. Does the applicant suffer from any other type of allergy?		
5. Does the applicant have any speech, hearing or eyesight impairment, which might affect his/her partcipation?		
6. Does the applicant have any physical disability, which might cause hardship in the event of changes in diet or strenuous travel?		
7. Does the applicant have any existing congenital condition that may require additional treatment?		
8. Is the applicant currently under treatment or observation for any physical or psychological condition?		
9. Is there any history of emotional disturbance in the applicant?		
10. Has he/she shown any of the following:		
A. Difficulties in relationships with family/peers?		
B. Behavior or eating disorder?		
C. Symptoms such as mood swings, depression, sleep disorders, unusual degree of anxiety, fear or guilt?		
11. Does the applicant have communicable infectious disease?		

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12. To your knowledge, are there any predisposing medical or emotional factors which may, under stress or duress during the course of the study program, present a need for immediate therapy while abroad?		
13. Do you consider the applicant to be generally in good health and mental conditon to participate in this Study Abroad program?		

Please list medications the applicant is presently taking:

Comments/Explanations:

Physician's Name:	
Signature:	
Date:	
Phone:	
Address:	