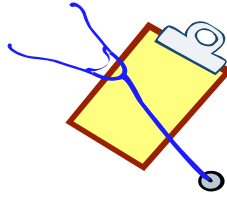


Physician's Statement



IMPORTANT:

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.

I have examined _____ and believe that he/she is physically qualified to participate in an overseas study program. He/she presents no evidence of communicable disease, of over-fatigue or any other condition which would affect the quality of his/her academic performance or experience abroad.

His/her personal health record is as follows: (Please take into consideration evidence of irritability, headaches, allergy, insomnia, diabetes, depression, asthma, etc.)

DISEASE, OPERATION, INJURY, ETC.	PERIOD OF DISABILITY
_____	from _____
_____	from _____
_____	from _____
_____	from _____

Please indicate any prescription medication the student may be taking:

Please indicate any allergies the student may have _____

Additional Comments: _____

In my judgement, the above named student is not likely to need medical or surgical attention during the proposed period of study abroad as the result of any treatment, disease, operation or injury heretofore experienced.

Date _____ Signature: _____

Name (please print) _____

Address _____ Telephone: _____

Return to:

**Ms. Katie Barcikowski
Study Abroad
Broward College
225 East Las Olas Blvd. Bldg. 31/Room 302
Fort Lauderdale, FL 33301**

