



PHYSICIAN'S STATEMENT

Please return to IAU's U.S. Office by email or fax.

Email - enroll@iaufrance.org

Fax - (847) 864-6897

I have examined _____ and believe him/her to be physically qualified to do university level study abroad. We have discussed the countries s/he may be visiting and possible vaccinations that may be necessary according to his/her medical history.

S/he presents no evidence of communicable disease nor of over-fatigue or other condition which would affect the quality of her/his academic work abroad, understanding the exceptional physical and psychological stamina sometimes required in such a context. (Note: Please take into consideration current or chronic evidence of irritability, headaches, insomnia, depression, allergies, asthma, diabetes, etc. **Please do not use abbreviations.**)

Fit to do weight training and/or aerobic exercise *yes* *no*

In my judgment the candidate is not likely to need medical or surgical attention during the next academic year as the result of any disease, operation, or injury heretofore experienced. If appropriate, attach a separate sheet containing further information on any of the matters raised above.

Name of Physician _____

Physician's Signature _____

Date _____ Tel./Fax. _____

Address _____
