To the Physician: ____________________________ has applied for admission to a Ball State University Study Abroad or field study program. In order to be eligible for the program, all applicants must receive certification indicating that the student is in good health. This should be determined by an examination of the candidate.

______ I have examined the above-named student and am satisfied that s/he is qualified to participate in the Study Abroad or field study program. To my knowledge, this student presents no evidence of a chronic disability or recurring ailment that is likely to require medical or surgical attention prior to his/her return.

______ I have examined the above-named student and have identified the following areas in which medical attention may be required prior to his/her return.

In your opinion, would the indicated medical problems preclude this student’s successful participation in Study Abroad or field study program?

______ Yes       ______ No

Date of Examination ____________________________

____________________________________________
Signature of Attending Physician

____________________________________________
Name of Physician