BALL STATE UNIVERSITY

Study Abroad Program

Health Evaluation

To the Physician: __________________________________________________________ has applied for admission to a Ball State University study abroad 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 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 program?

______ Yes  ______ No

Date of Examination ____________________________

________________________________________
Signature of Attending Physician

________________________________________
Name of Physician