

Physician / Mental Health Provider Report for (student's name): _____

The applicant has indicated a chronic and/or recurrent health problem. You are being asked to evaluate the physical/or mental health of the above-named applicant for participation in a study abroad program. The availability of medical services in the country(ies) that the applicant will be traveling should be considered. If needed, please use the space below.

Diagnosis and/or description of concern being treated:

Medication and Dosage (if applicable): _____

How long have you known this person to have this condition? _____

How stable is the condition currently?

What recommendation do you currently have for ongoing care of this individual for this specific condition?

Please describe any serious concerns you may have regarding this student's participation in a study abroad program.

Printed name of physician/mental health provider: _____

Telephone: _____

Address: _____

Signature: _____



International Programs

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