

**STATE UNIVERSITY OF NEW YORK
Overseas Academic Programs**

PHYSICIAN'S STATEMENT

TO THE STUDENT: Please authorize the release of medical information that may be relevant, in the opinion of your physician, to your participation in a study abroad program by signing below. **Return to the Office of International Programs & Services at Purchase College ASAP.**

Name: _____
Last First Middle

Program: Roatan, Honduras Winter 2015 Dec 27, 2014-Jan 17, 2015
Location Abroad Length of Overseas Program Dates of Participation

Student's Signature _____ Date _____

Parent/Guardian's Signature (required if student is under 18 years of age) _____ Date _____

TO THE EXAMINING PHYSICIAN: The above named student has been accepted to participate in a State University of New York Overseas Academic Program. S/he will live and study in a winter program in Honduras that involves scuba diving. This report should be based upon an examination made within six months of the expected overseas program participation.

1. Please indicate your relationship with the student. (Note: Parent-physician reports are not acceptable.)
 Family Physician College/University Physician Other (describe): _____

2. Review with the student the Student Health Information form s/he completed. Please describe below any additional information that would help to further explain and/or clarify the student's self-reported health information.

3. Based upon your physical examination of this student, please explain your findings and recommendations.
Physical Findings:

Recommendations:

4. Is there any existing health condition that may require treatment during the period of study abroad? If so, what is the condition and what treatment may be required?

5. To your knowledge are there any predisposing medical, physical, or emotional factors which under stress of adjusting to another culture may require treatment while the student is abroad? If so, please specify.

6. Please review and update routine vaccinations as you deem necessary. Roatan, Honduras is in a malarial zone; indicate dose / type of anti-malarial prophylaxis.

7. Is this student healthy enough to participate in Scuba Diving? Are there any related conditions (e.g. nasal, respiratory, ear) the program administrators should be aware of?

Physician's Name (please print): _____ Address: _____

Signature: _____ Date: _____