

Study Abroad Program: Cairo/Ireland/Zanzibar
(Please Circle)

Seton Hall Law School



Return All Completed Forms to:
Seton Hall Law School
Study Abroad Programs, Room 310
One Newark Center
Newark, NJ 07102

MEDICAL EXAMINATION REPORT

Name _____

Address _____

To the Examining Physician:

The above named student would like to participate in a study abroad program that may include unusual mental and physical stress as well as significant variation in diet. Please give us your candid professional judgment as to his/her physical and mental health in connection with his/her suitability for foreign travel and study. Your examination should be within 6 months of the proposed program.

Are you a.... Family Physician _____ Other _____ (please specify)

Student's general state of health:

Excellent _____ Good _____ Fair _____ Poor _____

1. To the best of your knowledge, does the student have any health problems that either prevents him/her from taking part in a study abroad program away from home or would seriously affect his/her participation in such a program? If "yes", please provide details.

2. Does the student have any chronic ailment or allergy (medicinal, food, or other) or dietary restriction that requires any special consideration, treatment, or medication? If so, in your judgment, will the applicant experience difficulty receiving this special consideration, treatment, or medication away from home, particularly abroad?

3. List all non-prescription and/or prescription medications that the student will be taking during the study abroad program and their purpose.

Physician Name: (Please Print) _____

Address _____

Physician Signature _____ Date _____