## State University of New York Upstate Medical University

## Physician's Statement for International Programs

TO THE STUDENT: Please authorize by your signature below the release of any medical information that may be relevant in the opinion of your physician.

Name:					
	Firs	it	Middle	Last	
Progra	ım:				
	Location Abr	oad	Length of Intern	ational Program	Dates
Partici	pant Signature:				
	EXAMINING PHYSICI ed international trave		ort should be based upor	n an examination mad	de within six months of the
1.	Please indicate you	r relationship	with the participant.		
	Family Physician	University	y Physician	Other (describe):	
2.	Review with the patient the completed Health Information form. Describe below any additional information that would help further explain and/or clarify the student's self-reported health information				
3.	Based upon your physical examination, please explain your findings and recommendations.				
	Physical Findings:				
	Recommendations	:			
4.	Is there any existing health condition that may require treatment during the period 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 patient is abroad? If so, please specify.				
6.	Review and update routine vaccinations as you deem necessary.				
7.	Has the student received the CDC recommended vaccinations for the country where they will be traveling?				
Physicia	an's Name (please pr	i <b>nt):</b>	Add	ress:	
Physicia	an's Signature		Date:		