THE CONNEXION
GREENSBORO COLLEGE/SOUTHLANDS COLLEGE
MEDICAL REPORT FORM

Applicant Name (*Print or type*) _____ Birthdate _____

TO THE EXAMINING PHYSICIAN: The above named student has applied to participate in The Connexion, Greensboro College's exchange program with Southlands College in London. If accepted, s/he will live and study for a semester or a year abroad. *It is essential that all participants be in good physical and mental health.* All participants are required to have immunizations recommended by the U.S. Public Health Service for the countries to be visited.

Please indicate your relationship with the applicant—note that we do not accept reports completed by a parent-physician:

- ❑ Family Physician
- ❑ College Physician
- ❑ Other—Please describe: _____

Please complete the following information regarding the applicant:

Height _____ Weight _____

General state of health: ❑ Excellent ❑ Good ❑ Fair ❑ Poor

If the answer to any of the following is "Yes," please give details on the reverse side or a separate sheet.

1. Is the applicant seriously underweight or overweight? ____ Yes ____ No
2. Does the applicant have any physical disabilities which might cause hardship through change of diet, change of climate, carrying his or her own luggage, or strenuous travel? ____ Yes ____ No
3. Does the applicant have any dietary restrictions or food or other allergies? ____ Yes ____ No
4. Does the applicant have any speech, hearing, or visual impairment which might affect participation in the program? ____ Yes ____ No
5. Does the applicant have any history of emotional disturbances? ____ Yes ____ No
6. 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 might be required? (Note that most health insurance coverage does not include treatment for pre-existing conditions.) ____ Yes ____ No
7. 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. ____ Yes ____ No

If there is any additional information that would be helpful in deciding this student's acceptability for a study abroad experience, please include it on the reverse side of this sheet or on an additional sheet.

_____ _____

Physician's Name (Print) *Signature*

_____ _____

Physician's Address *Date*

PLEASE RETURN THIS FORM TO:

Dr. Jillian Haeseler
Associate Professor of English & Study Abroad Advisor
Greensboro College (306 Cowan Building)
815 W. Market St., Greensboro, NC 27401