



SAIIE

"Your Life Experience; Your Education"

Health Statement Form

SAIIE will not allow students to participate in any of their academic or athletic programs unless they provide a medical report signed by a physician attesting to their physical and mental health and to their ability to participate fully at SAIIE.

Therefore, will you please present this form to your personal physician so that a confidential statement can be provided in this matter. We encourage you to discuss any health conditions which concern you with your physician as they may be exasperated during your time abroad in a foreign country.

Study Abroad Program: **SAIIE** (Spanish-American Institute of International Education)

Location: **Seville, Spain**

Full Name of student: _____

Date of birth: ____ / ____ / ____

Athletic program:

☐ Soccer ☐ Swimming ☐ Rowing ☐ Volleyball ☐ Rugby ☐ Water Polo

Term abroad:

☐ Fall 2025

☐ Academic Year 2025/26

☐ Spring 2026

☐ Summer I, 2026

☐ Summer II, 2026

☐ Summer I & II, 2026

☐ 1 – 2 Weeks _____ (Please write Month and Year)

To the Physician:

To your knowledge, does the above-mentioned individual have any physical, emotional, mental, or medical problems which could affect the student's abilities to participate in any of the SAIIE programs or athletic programs? Is there any medical information that SAIIE should know about this student in case of emergency? (e.g. allergies, prescriptions, etc).



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I have examined the above name individual and have found the student in good physical, emotional and mental health to travel, study abroad, participate in an athletic program if chosen and participate in this program.

PHYSICIAN FULL NAME (Please print):

Name and Location of Health Care Facility:

Phone: (_____) _____

Signature of Physician: _____

Date: ____ / ____ / ____