



**SAIIE**

*"Your Life Experience; Your Education"*

## **SAIIE Athletic Program**

### **Health statement form**

SAIIE will not allow students to participate in any of the SAIIE sports program unless they provide a medical report signed by a physician attesting to their physical and mental health and to their ability to participate fully in an athletic program.

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.

Student's Name \_\_\_\_\_  
(Last) (First)

#### To the Physician:

To your knowledge, does the above mentioned individual have any physical, emotional, mental, or medical problems which could effect his ability to participate in the above sports program? Is there any medical information that we (SAIIE) should know about this student in case of emergency? (e.g., allergies, prescriptions, etc.).

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I have examined the above named individual and have found him in good physical, emotional and mental health to travel, study abroad, and participate in a athletic program.

Signature of Physician \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name and Location of Health Care Facility:

\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_