

**Florida Gulf Coast University Study Abroad
Health and Wellness, Medical Provider Verification**

To be completed by Study Abroad Program Participant only if "yes" was marked in the *Health Conditions* clause of the FGCU Study Abroad and Disclosure Form.

Last Name: _____ First Name: _____ Middle Initial: _____

Study abroad country/destination: _____ Travel dates: _____

To be completed by Medical Provider

Instructions: The individual identified above is applying to study abroad outside of the United States through a university sponsored program. Study abroad may occur in any part of the world with physical environments, living conditions, sanitation and public services, access and level of health/medical care and facilities that may vary widely or be limited, in comparison to what the student is accustomed. Most programs include immersion in a different culture and may also include a variety of physical activities. The experience may present physical and emotional challenges and stresses that could exacerbate problems with a participant's health and personal well-being. Please consider these factors when evaluating this participant.

Practice Name: _____

Medical Provider's Name & Position: _____

Address: _____ Phone Number: (____) _____ - _____

City: _____ State: _____ Zip Code: _____

- I have reviewed the participant's medical information and history (Check here if this participant is an on-going patient of yours.)
- I have performed a physical exam
- I have explained and made referrals regarding accessing information on immunizations, preventive treatments, and travel tips for managing participant's health conditions.

In my medical opinion, the state of the participant's health is:

- Excellent Good Fair Poor

AND...Please choose one of the following...

- I find this participant to be in adequate health for participation in the above-named program with no restrictions.
- I find this participant to be in adequate health for participation in the above-named program with the following recommendations:
 - ___ Review the Center for Disease Control website (www.cdc.gov) for travel immunizations and preventive medicine.
 - ___ Review the US Department of State website (travel.state.gov) for travel, health and safety information.
 - ___ Other: _____

- I do not recommend the participant for the above-named program at this time

Provider Signature: _____ Date: _____