

Truman State University Study Abroad Medical Form

Name of Applicant _____

Date of Birth _____

Program _____

The above applicant is in good state of health and there are no medical objections to his/her participation in the designated academic program.

Yes No

Does the applicant have any disease or disability which will need continued or periodical treatment?

Yes No (If yes, please specify.)

To your knowledge and based on a recent medical examination, are there any predisposing medical, physical or emotional factors which under academic stress may require treatment while the applicant is enrolled in the program?

Yes No (If yes, please comment.)

Name of Medical Doctor _____

Address and Phone Number _____

Signature & Date _____