The Open School of Ethnography and Anthropology
Community Institute of Transcultural Exchange

Pre-Departure Medical Evaluation

To be completed by the examining Physician or Health Care Practitioner

To the Physician or Health Care Practitioner:

The purpose of this form is to help OSEA to be of maximum assistance to the student participant should the need arise during his or her study abroad. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program coordinator be made aware of any medical or emotional problems, past or current, which might affect the student in a foreign study context. This information does not affect his/her admission into the OSEA study abroad program and will remain confidential and shared with the program staff, faculty, or appropriate professionals only if pertinent to the student's well-being. The programs of OSEA are located in Yucatán, México, City of Mérida, Town of Pisté and other rural and urban locations and communities in the states of Yucatán, Campeche, and Quintana Roo, México

Name of Student _____ Date of Birth_____

How long have you known the applicant? _____

When did you last examine the applicant? _____

Applicant's general state of health. (check one) ___ Excellent ____ Good ____ Fair ____ Poor

Height _____ Weight _____ Is this student seriously [ ] underweight or [ ] overweight?

Does the student have or had any medical problems? If yes, please describe.

_____

_____

_____

Does the student have any condition which could limit his/her participation because of climate, altitude, isolation or other? _____ If yes, please describe:

_____

_____

_____

Does this student have any physical or emotional condition, disability, or impairment that might cause hardship during an extended stay abroad? If yes please describe:

Please note any other additional information, including details of current treatment, if any, which could be helpful to the physician who would be treating this student while abroad:

I have discussed with this student the CDC immunization, vaccination or prophylaxis requirements and the CDC summary of health & sanitation conditions and the potential impact of these on his/her health.

To the best of my knowledge, the above named student has no physical or mental illnesses that should prevent him/her from participating in the study abroad program.

___ Yes ___ No (please explain)

Physician's or Health Care Practitioner's Contact Information

Name of Healthcare provider (Print) Signature Date

Address (Street Address, City, State, Zip code)

Telephone number / email