

Confidential Physician's Report

Associated Colleges *in* China, 198 College Hill Road, Clinton, NY, 13323

To be completed by the applicant:

Name of Applicant: _____ Term & Year of Interest: _____

Applicant's Signature: _____ Institution: _____

This student has applied to the ACC program. If possible, please complete this form and return it to the student. Otherwise, please mail it to the address above before February 15 for students applying for summer, March 1 for students applying for fall, or before October 15 for students applying for spring. Please note that we have rolling admissions; forms should be completed as quickly as possible so that the application can be processed.

To the examining physician: Sound physical and emotional health is an all-important factor in study abroad. We therefore request your careful and complete evaluation of the applicant's health.

Applicant's general state of health: Excellent Good Fair Poor

If the answer to any of the following questions is *yes*, please give specific details in the space provided. Please print as clearly as possible.

1. Does the applicant have any dietary restrictions? Yes No

2. Does the applicant have any allergies? Yes No

3. Does the applicant need any special prescription or medication? Yes No

4. Other comments:

Name of physician: _____ Signature: _____

Address: _____ Date: _____

Phone number: _____ E-mail: _____