SAIIE

"Your Life Experience; Your Education"

Health Statement Form

SAIIE (Spanish-American Institute of International Education) will not allow students to participate in any of their academic or athletic programs unless they provide a medical report signed by a physician attesting to their physical and mental health and to their ability to participate fully at SAIIE.

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.

Full Name of student: _____

Date of birth: _____ /_____ /_____
(MM) (DD) (YYYY)

Athletic program:

□ Beach Volleyball □ Soccer □ Swimming □ Rowing □ Volleyball □ Rugby

□ Water Polo

Term abroad in Seville, Spain:

□ Summer I, 2026
□ Summer II, 2026
□ Summer I & II, 2026
□ Fall 2026
□ Academic Year 2026/27
□ Spring 2027

<u>To the Physician:</u>

To your knowledge, does the above-mentioned individual have any physical, emotional, mental, or medical problems which could affect the student's abilities to participate in any of the SAIIE study abroad programs or athletic programs? Is there any medical information that SAIIE should know about this student in case of emergency? (e.g. allergies, prescriptions, etc).

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I have examined the above name individual and have found the student in good physical, emotional and mental health to travel, study abroad, participate in an athletic program if chosen and participate in this program.

PHYSICIAN FULL NAME (Please print):

_____

_____

Name and Location of Health Care Facility:

_____

_____

_____

_____

Phone: (_____)_____

Signature of Physician: _____

Date: _____ /_____ / _____
(MM) (DD) (YYYY)