

# PHYSICIAN REPORT

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## To the Applicant

The medical form is one important way of helping to ensure a safe, enjoyable experience for the participant. The physical examination must take place within 12 months prior to the start of the Siena Sojourn session, and this medical form must be used.

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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## To the Physician

Sojourns Abroad is a unique cultural immersion program with two centers—Siena, Italy and Paris, France—for those 18 and older. It is ordinarily either a 12 week Fall or Spring experience, or a 5 week Summer session. It includes living with a local family, language classes, day-long and overnight trips, outdoor excursions, social service internships, and varied supplementary activities. Any healthy, reasonably active person is an appropriate applicant. Participants will be part of a small group with an on-site coordinator.

We will appreciate your candid comments about the suitability of this prospective participant. Please complete and return this form as soon as possible by mail or fax to Sojourns Abroad, address above.

Allergies:  No  Yes If yes, explain cause and severity of reactions \_\_\_\_\_

Asthma  No  Yes If yes, explain \_\_\_\_\_

Current prescription medications and reason for the meds \_\_\_\_\_

History of hospitalization  No  Yes If yes, explain \_\_\_\_\_

Chronic health problems? Please explain \_\_\_\_\_

## Physician's Statement

To the best of my knowledge the information above about the Applicant is correct and complete. I last examined him/her on \_\_\_\_\_ and found him/her in good health and able to participate in Sojourns Abroad.

Additional Comments \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Printed Name of Physician \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Tel. \_\_\_\_\_ E-Mail \_\_\_\_\_ Fax. \_\_\_\_\_