



GLOBAL PARTNERSHIPS FOR ACTIVISM & CROSS-CULTURAL TRAINING

Physician's Medical Information

Participant Name:

Program: Global PACT _____

Please have your physician answer the following questions on these two pages, sign and date below.

This student has been accepted into a Global PACT program abroad. In the interest of the student's safe and successful participation, we would appreciate your cooperation in answering the following questions and adding any information that you feel is relevant to the student's ability to participate in the program abroad. This information will remain confidential and will be provided only to the President of Global PACT, Inc in Maplewood, the resident director of the Program overseas, and those with a need to know for the purpose of providing any necessary accommodations or in the event that medical attention is necessary.

1. Does the student have any dietary restrictions or known food allergies or allergies to medication that the Study Abroad Program should be aware of in the event of an emergency?

Yes No

If yes, please describe below or attach additional sheets if necessary.

2. Is the student taking any medications, or will the student be taking any medications while abroad, that the Study Abroad Program should be aware of in the event of an emergency?

Yes No

If yes, please describe below or attach additional sheets if necessary.

3. Is the student aware that the availability of certain medications varies by country and that she/he may not be able to obtain certain necessary medications abroad?

Yes No

4. Are all routine immunizations up to date?

Yes No

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5. Foreign travel and study abroad necessarily involve stress due to exposure to different cultural and physical environments, as well as the potential for possible experience with a medical and health care situation different from that found at home. Is this student able to participate safely and successfully in this Study Abroad Program?

Yes No

If no, please describe below or attach additional sheets if necessary.

6. Does the student require accommodations to a disability to enable her/him to participate safely in the Study Abroad Program?

Yes No

If yes, please describe below or attach additional sheets if necessary.

Physician's Name:

Date:

Signature:

Address:

Phone:

Please submit completed form to:
Global PACT International, Inc.
12 Lenox Place
Maplewood, NJ 07040