



ACC-CLASS STARTALK TEACHERS' PROGRAM

Confidential Physician's Report

To be completed by applicant:

Name of Applicant _____

Applicant Signature _____ Date _____

Institution _____

To the examining physician: This applicant has applied to the ACC-CLASS STARTALK TEACHERS' PROGRAM. If possible, please complete this form and return it to the applicant. Otherwise, please mail it to the address below before April 15, 2010. Please note that we have rolling admissions. Forms should be completed as quickly as possible for us to process the application.

Sound physical and emotional health is a highly important factor when studying abroad. Therefore, we 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?
2. Does the applicant have any allergies?
3. Does the applicant need any special prescription or medication?
4. Other comments:

Name of Physician _____

Signature _____ Date _____

Address _____

Phone _____ Email _____