



Summer Field Studies Program

Confidential Physician's Report

Please complete and return (fax or mail) this form to the address below by February 20th.

Associated Colleges in China, Hamilton College, 198 College Hill Road, Clinton, NY, 13323
Fax: (315)859-4222

To be completed by the applicant:

Name of Applicant: _____

Applicant's Signature: _____ Institution: _____

This student has applied to the ACC Summer Field Studies Program. If possible, please complete this form and return it to the student. Otherwise, please mail/fax it to the address above before February 20th. 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 prescriptions or medications? ___ Yes ___ No

4. Other comments:

Name of physician: _____ Signature: _____

Address: _____ Date: _____

Phone number: _____ E-mail: _____