

# Confidential Physician's Report

Associated Colleges *in* China, 198 College Hill Road, Clinton, NY, 13323

*To be completed by the applicant:*

Name of Applicant: \_\_\_\_\_ Term & Year of Interest: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Institution: \_\_\_\_\_

**This student has applied to the ACC program. If possible, please complete this form and return it to the student. Otherwise, please mail it to the address above before February 15 for students applying for summer, March 1 for students applying for fall, or before October 15 for students applying for spring. 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 prescription or medication?  Yes  No

\_\_\_\_\_

4. Other comments:

\_\_\_\_\_

\_\_\_\_\_

Name of physician: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_