



Physician Verification of Fitness for Travel

(if additional space is needed, please attach separate sheet)

Please evaluate the physical health of _____ (print your participant's name), who intends to participate on a two-week long study trip to China.

Diagnosis:

Medications and dosage (if any):

If patient has a chronic and/or recurrent health issue, please assess the stability of condition over the past three (3) years:

To your knowledge, are there any predisposing medical, physical, or emotional factors that, under any stress of adjusting to international travel, may require treatment while the patient is abroad?

Physician's Signature: _____ Date: _____

Printed Name of Physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Please complete and return by June 2nd to:

Ms. Kun Xie
 Confucius Institute
 Bryant University
 1150 Douglas Pike
 Smithfield, RI 02917