IES ABROAD
CUSTOMIZED & FACULTY-LED

Patient's Name _____ Home School _____

Physician Examination

STUDENT: Please upload this document to your my IESAbroad account as soon as possible. (www.IESabroad.org). The upload area is the last question on the Medical Report form. Make sure all of the information on this form is complete before sending.

EXAMINATION DETAILS The physician MUST complete ALL items in this box for this form to be accepted as complete.

Date of Examination _____
(Exam date **MUST** be 6 months or less from the start date of IES Abroad Program)

Blood Pressure _____ Height _____ Weight _____

MEDICAL HISTORY/CURRENT CONDITION(S)

The physician should check all that apply and provide details, if applicable. Details can be noted in the medication list below, i.e. EpiPen, insulin, etc.

- ☐ Allergies of any kind
- ☐ Anaphylactic Shock
- ☐ Asthma
- ☐ Cancer or tumors
- ☐ Chronic respiratory problems
- ☐ Chronic digestive/g.i. problems
- ☐ Colitis
- ☐ Diabetes
- ☐ Dizziness/fainting spells
- ☐ Eating Disorder
- ☐ Epilepsy or seizures
- ☐ Frequent indigestion or ulcer
- ☐ Heart or circulatory complications
- ☐ Head injury
- ☐ High blood pressure
- ☐ Jaundice/hepatitis
- ☐ Liver or gall bladder problems
- ☐ Menstrual problems
- ☐ Narcotic/alcohol dependency
- ☐ Psychological/emotional/psychiatric conditions
- ☐ Neurological condition
- ☐ Orthopedic injury or condition
- ☐ Reaction to antibiotics
- ☐ Recent gain of weight
- ☐ Recent loss of weight
- ☐ Skin disease
- ☐ Thyroid problems
- ☐ Trouble with ears, nose, or throat
- ☐ Tuberculosis
- ☐ Venereal disease
- ☐ Vision correction
- ☐ Other: _____

ER TREATMENT/HOSPITALIZATION

If the patient has ever been hospitalized or been treated in an emergency room, please provide treatment details here:

Date(s)	Reason for/Nature of Treatment	Outcome/Present Condition

Please attach an additional sheet if necessary.

MEDICATION(S)

If the patient is now taking any medication that he/she will be bringing with him/her on the IES study abroad program, please provide details of all medication. Additionally, please discuss with patient means to obtain necessary supply of medicine while abroad.

Name of Medication	Prescribed for	Dosage

Please attach an additional sheet if necessary.

SUMMARY & SIGNATURE

Is there any medical condition that currently affects this patient and may require follow-up care while the patient is abroad?
❑ YES : Please explain
❑ NO

Is there any psychological condition that is currently affecting this patient and may require follow-up care while the patient is abroad?
❑ YES : Please explain
❑ NO

With my signature below, I acknowledge the patient is physically and mentally able to participate in a study abroad program.

SIGN HERE ➤ Examiner's Signature _____ Date _____

Examiner's Name (please print) _____ Title _____

Examiner's Address _____

_____

Examiner's Telephone Number _____