

Medical Health Statement

Required for Domestic and International CCEs

Student Name: _____

DOB: _____ **Student ID:** _____

CCE Program Name: _____

The University requires a current medical statement from **every** student in order to assure that you receive the proper medical care, if needed, while participating in a CCE program.

As required by law, Carroll University does not discriminate against individuals who are disabled. Nevertheless, overseas programs may not be subject to our laws, and the University can provide no assurance that foreign institutions will have the special facilities and accommodations available to individuals who are disabled. Moreover, certain foreign countries will not issue a visa allowing a student to take up residence in their country unless the student provides a medical report signed by a health care provider attesting to his/her health and ability to participate fully in an educational program or live in that country. The Office of Disability Services can assist students with disabilities in planning for a successful trip.

Therefore, please present this form to your Physician/NP/PA so that we can obtain a confidential statement of your medical health. This can also be filled out by the on-campus Health Center.

FOR Physician/Nurse Practitioner/Physician's Assistant:

- A. To your knowledge, does this student have any physical or mental problems that could affect his/her ability to participate in the named foreign student program? If so, please explain.
- B. Please identify any medical information that in administering its overseas program, Carroll University should know about this student in case of an emergency: (e.g., allergies, prescriptions, etc.)

Signed by: _____

*Please upload this form to your CCE application under application questionnaires.



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