LETTER HEAD

DATE

To Whom it May Concern,

**After conducting a medical examination of [NAME], born on [DATE OF BIRTH], and reviewing their medical history, I certify the following:**

☐ The individual **does** **not** have any known preexisting medical or mental health conditions that may interfere with, or be exacerbated by, participation in an overseas study or training program.
                                                  (If this box is checked, please skip the section below.)

☐ The individual **has the following** medical or mental health conditions that should be taken into consideration:

*
*
*

Please indicate whether these conditions are currently managed and whether any special accommodations or monitoring may be required during the overseas stay:

SIGNATURE AND STAMP

NAME OF THE HEALTH CARE PROVIDER WHO SIGNED THE LETTER

HEALTH CARE PROVIDER

ADDRESS

PHONE NUMBER

EMAIL ADDRESS