

Print or type name \_\_\_\_\_

**MEDICAL CERTIFICATION**

**FOR**  
(Student's Name)

Dear Physician:

The above-named student has made application to attend the Ohio Wesleyan University study abroad program in Salamanca, Spain, for a period of one semester. In order to guarantee the success of the program and the student's well-being while abroad, a certification of medical good health is required. Please complete the attached form, noting any conditions which might place restrictions on the student's activities while in Spain.

Thank you.

This is to certify that \_\_\_\_\_, at the time of this examination,  
(is/is not) in general good health. There (are/are not) medical restrictions necessary at this time.  
(If there are medical restrictions, please indicate their nature.)

Signed:

Please type or print name of physician here:

Date:

This form is to be returned to Dr. Donald E. Lenfest, Director of the Salamanca Program c/o Department of Modern Foreign Languages, Ohio Wesleyan University, Delaware, Ohio 43015. It is to be completed not more than 60 days before departure of the student for Spain, and returned to Ohio Wesleyan University immediately upon completion.