

**MEDICAL REPORT
FIELD SCHOOL PROGRAM IN PERU
PONTIFICIA UNIVERSIDAD CATOLICA DEL PERU**

I. Applicant Section

Full Name: _____

Height: _____ Weight: _____ Blood type: _____

When and why did you last consult a physician?: _____

What diseases, ailments or injuries have you had in the last five years?: _____

Have you been hospitalized in the past two years: _____ If so, when and why: _____

What allergies do you have?: _____

If you are on a restricted diet or you are vegetarian, please give details:

The above answers are accurate to the best of my knowledge

Signature: _____ Date: _____

II. To be completed by Physician

The applicant seeks admission to a Field School Program in Peru. Mild disorders can become serious under the stress of life and study abroad, and it is important that the Pontificia Universidad Católica del Perú be forewarned of any medical or emotional problems which might affect the applicant while studying abroad. How long have you known the applicant? _____ When did you last examine him/her? _____

I have read the above and, to the best of my knowledge, the applicant is in good physical and mental health, and does not have recurring or chronic problems, conditions, disorder or syndromes. He/she should be able to complete a full program of study in a foreign country.

Signature of Physician: _____ Date: _____

Mail Address: _____

Telephone No: _____