

**Xavier University**  
**Health Screening Examination**

(To be performed by a physician or other health care provider)

A physician or other health care provider should complete this form after reviewing the student's Health History Form with the student. For students seeing a specialist for a serious ongoing condition, the approval of the specialist must also be obtained.

I have completed a history and physical examination on \_\_\_\_\_ and determined that he or she is in good physical and mental health. I do not foresee any medical problems that would interfere with his or her full participation in a study abroad semester in \_\_\_\_\_.

Physician's Signature: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF INFORMATION:**

I understand that the information included on the Health Screening Form, Health History Form, and any additional medical information submitted to the Xavier University Study Abroad Program may be shared with employees, faculty, agents, or other designated officials for the purpose of protecting my health during the period of my participation in the Xavier University Study Abroad Program or in the case of a medical emergency abroad. I also certify that all responses made on the Health History Form are true and accurate, and I will notify the XU Office of Study Abroad hereafter of any relevant changes in my health that occur prior to the start of the program. I further understand that, in the event of an emergency abroad, XU reserves the right to notify my parent(s) or guardian.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copies of this form will be kept by the Xavier University Campus Police and the Office of Study Abroad. The original will be kept by the director of the study abroad program that the student is participating in.