

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 of _____,
a student at Xavier University. Based on my examination and based on their current mental and physical health, I have
determined that they are able to participate in the planned travel Experience in _____
_____.

Physician's Signature

Date

Physician's Printed Name

* * * * *

Specialist's Signature (if applicable)

Date

Specialist's Printed Name and Specialty

Specialist's Address

Banner ID: _____