STUDIO ARTS COLLEGE INTERNATIONAL

PHYSICIAN'S HEALTH STATEMENT

This statement is to be completed by the applicant's physician.

Directions: This form may be completed by hand (please print) or digitally using Adobe PDF Reader.
To the student: you may visit http://www2a.cdc.gov/nip/adultimmsched/ to access CDC vaccine recommendations. Please submit this form in person to the **Registration Office upon your arrival to SACI in Florence**, or send by email to: **asstregistrar@saci-florence.edu**.

To the physician: in evaluating the applicant, please consider evidence of irritability, headaches, insomnia, depression, allergies, asthma, and other disorders, such as diabetes. Attach an extra page if necessary. Please type or print neatly in black ink. We suggest that all participants be vaccinated with routine vaccines as listed on the CDC website. SACI is a school located in Florence, Italy. This student has been admitted to study at SACI and we kindly request the following information.

STUDENT'S NAME: _____ DOB: _____

TERM/YEAR ATTENDING SACI: _____

Immunization Record

MMR Immunization dates: _____

Measles (Rubeola)
Immunization dates: _____
or date of disease: _____
Measles titer: _____

Rubella Immunization: _____
or date of disease: _____
Rubella titer: _____

Mumps Immunization: _____
or date of disease: _____
Mumps titer: _____

Last DT booster: _____

Polio Ser. Comp.: _____

PPD: ◯ + ◯ - _____

Chest X-ray: ◯ + ◯ - _____

Meningococcal ACWY: _____

Meningococcal B: _____

Vaccination Notes

Measles (rubeola)
- ◯ Vaccination not documented
- ◯ Two-dose vaccination not documented
- ◯ Vaccinated before 1968
- ◯ Vaccinated prior to 12 months of age

Rubella
- ◯ Vaccination not documented
- ◯ Vaccinated before 1968
- ◯ Vaccinated prior to 12 months of age
- ◯ Titer result not given

Mumps
- ◯ Vaccination not documented
- ◯ Two-dose vaccination not documented
- ◯ Vaccinated prior to 12 months of age

Mengingococcal
- ◯ Applicant has chosen not to receive these vaccines, despite CDC recommendations.

Disease, Operation, or Injury Record

Period of Disability

1. _____ FROM: _____ TO: _____
2. _____ FROM: _____ TO: _____

I have examined this student and believe that s/he is physically and mentally fit to study abroad. S/he presents no evidence of communicable disease, over fatigue, or any other condition that would impair participation in a study program in Italy.

NAME OF PHYSICIAN: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____

Anti-Discrimination Policy: *It is the policy of Studio Arts College International (SACI) and Bowling Green State University (BGSU) that no person shall be subject to discrimination in whatever relationship with SACI or BGSU because of disability, age, race, religion, creed, color, sex, sexual orientation, or national origin.*

Form Revised: 03/2017