Cleveland State University
Center for International Services & Programs

2121 Euclid Ave. MC 106
Cleveland, OH 44115
Phone: (216) 687-3910
Fax: (216) 687-3965
www.csuohio.edu/international

Medical Statement Form

To be completed and signed by student's physician (preferably non-relative).

1. Does the student have allergies to medications? If so, specify.

2. Does the student have other allergies? Please specify.

3. Is the student currently taking prescription medication? If so, specify.

This statement is to verify that _____ is in good health and is able to participate in Study Abroad activities.
(Name of Student)

Name of Physician	Signature
Street Address	Date
City State Zip	
Telephone No.	Clinic, Hospital, or Physician's Office Address Stamp

Submit signed form to Center for International Services and Programs, MC 106