

Study Abroad Physician Statement

Due within 30 days of Study Abroad application submission date

Please schedule a physical exam and have the doctor complete the Physician Statement form on page two of this document. A free clinic is available to SPC students to complete this required step (see below for free clinic information.

Once completed and signed by a doctor, please mail or bring the ORIGINAL SIGNED Physician Statement to our office:

In person:

• SP/Gibbs Campus: SU 332 – 727-341-4735

• Clearwater: LA 190 – 727-791-2632

By mail:

St. Petersburg College Center for International Programs St. Petersburg/Gibbs Campus P.O. Box 13489

St. Petersburg, FL 33733-3489

SPC offers a **free** physical exam through National University of Health Sciences (SPC Clinic). Please call (727) 390-8720 and make an appointment, stating you are an SPC Study Abroad student. Make sure you bring the provided Physician Statement form and have the physician complete and sign it. Note: this is a two hour appointment. You are not required to use the SPC Clinic; you may use another primary care physician.

Address: Caruth Health Education Center – HEC campus Bankers Insurance O&P Building

7200 66th Street North

Pinellas Park, FL

Phone: (727) 390-8720

Questions?

Contact us at studyabroad@spcollege.edu

Date modified: 2/15/2022



PHYSICIAN STATEMENT

Program:

	C	ountry:
	Ве	eginning Date:
		nding Date:
This document and its contents constitute a	student record and are exempt fro	om public
records under §1002.225 and §1006.52, Florida	Statutes. The contents of this docu	ıment can
only be disclosed in accordance with the Stude		
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I have examined medically qualified to participate in an overseas study pro-	and believe that he/she	e is physically/mentally fit and
medically qualified to participate in an overseas study pro	gram. He/She presents no evidence	of communicable diseases or
over-fatigue or any other medical condition that would affe	ect the quality of his/her academic pe	erformance or pose a medical
danger to himself/herself or others while studying abroad.		
His/Hor parsonal health records include the following health	conditions or modical history that may	impact or restrict international
His/Her personal health records include the following health travel or participation in an overseas study program.		
headaches, allergy, insomnia, diabetes, depression, asthma		ration evidence of instability,
ricadacties, allergy, insortina, diabetes, depression, astrina	i, etc.)	
List any applicable condition, disease, surgery or injury, incl	uding the dates or periods during whic	h such occurred:
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	uales	
ADDITIONAL COMMENTS (attach additional page if neede	d):	
In my judgment, the candidate is not likely to need medical	l or surgical attention during the propo	sed period of study abroad as
the result of any condition, disease, surgery or injury listed a	above.	
Date:	Signature:	
	Name (please print):	
	Address:	
	· ·	
	Telephone:	
CONSENT TO LIMITED DISCLOSURE:		
I hereby consent to St. Petersburg College disclosing this		
needs during participation in a study abroad trip or obtaining	g medical services on my/student's beh	nalf.
Student's signature		Date
5.00.00 Sig		
Required for students under 18 years of age:		
required for eladerite under to yours or age.		
Parent(s)/Guardian's signature		Date
Parent(s)/Guardian's signature		Date

The Board of Trustees of St. Petersburg College affirms its equal opportunity policy in accordance with the provisions of the Florida Educational Equity Act and all other relevant state and federal laws, rules and regulations. The college will not discriminate on the basis of race, color, religion, sex, age, national origin, marital status, sexual orientation, gender identity, genetic information, or against any qualified individual with disabilities in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this Rule, the college will not tolerate such conduct. Should you experience such behavior, please contact the director of EA/EO/Title IX Coordinator at 727-341-3261; by mail at P.O. Box 13489, St. Petersburg, FL 33733-3489; or by e-mail at eaeo_director@spcollege.edu.