



**Please have your Doctor return this form to Missy Gluckmann,
Coordinator of International Services
181 White Street, Room 108 Danbury, CT 06810**

I, Dr. _____, declare that

Mr./Mrs./Ms. _____ is medically fit and able to travel to
Edinburgh, Scotland to participate in Western Connecticut State University's Theatre Program. I have read and reviewed the Center for Disease Control's health and safety information pertinent to the destination abroad and find no inherent or latent dangers with regards to my patient's well being.

I have enclosed any pertinent information concerning my patient's health condition and/or treatment that could aid the Course Abroad Director in safeguarding the health of my patient should a medical situation or necessary treatment arise.

To the best of my knowledge, any prescription medication taken by this patient is both legal and readily available in the host country.

Doctor's Name/Address/Phone:

Doctor's Signature:

Date:
