

# Statement of Fitness Declaration

I, Dr. \_\_\_\_\_, declare that Mr./Mrs./Ms. \_\_\_\_\_ is medically fit and able to travel to \_\_\_\_\_ and participate in Eastern Connecticut State University's Global Field Course. I have read and reviewed the Center for Disease Control's health and safety information related to the Global Field Course destination and find no information that would prevent my patient's participation. I have enclosed any pertinent information concerning my patient's health condition and/or treatment that could aid the Global Field Course Director in safeguarding the health of my patient should a medical situation or necessary treatment arise. To the best of my knowledge, the prescribed medication listed below is both legal and readily available in the host country.

| Medications | Condition |
|-------------|-----------|
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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_