

**MEDICAL CLEARANCE  
STUDY ABROAD PROGRAM  
University of La Verne**

Student Name: \_\_\_\_\_ ULV ID Number \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

I have performed a physical examination on the above named patient this date and find no medical, physical and/or psychological reason to prevent them from fully participating in a student based study abroad program.

\_\_\_\_\_  
Physician/PAC

\_\_\_\_\_  
Date