**D9640 GROUP CULTURAL EXCHANGE**

**HEALTH CERTIFICATION DOCUMENT**

**To be completed by GCE TEAM MEMBERS AND TEAM LEADER**

1) Completion of this form is **mandatory** as stated in the GCE Participation Agreement.

2) Medical Certification MUST be submitted to the District GSE Chair prior to the purchase of airline tickets.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have this day examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME (PLEASE PRINT)

and have found him/her to be in good health and enjoying full working capacity.

I believe he/she is physically and mentally able to fully participate in an intensive program of study and travel away from home.

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NAME OF EXAMINING PHYSICIAN (PLEASE PRINT) PRACTICING REGISTRATION NUMBER

SIGNATURE OF EXAMINING PHYSICIAN

ADDRESS, CITY, STATE, POSTCODE