PHYSICAL REPORT

All summer program participants must have this form completed by a physician.

Patient's Name | Date of Birth | Sex

To the examining physician:
The American School of Classical Studies at Athens (ASCSA) welcomes scholars to an academically rigorous and stimulating environment. Individuals may require accommodations for physical, mental, or emotional conditions and we welcome your assistance in determining what accommodations may be necessary. Archaeological sites are outdoors, and trips typically require standing and walking or hiking during all seasons and weather. Temperatures in Greece during the late spring and early fall regularly reach the 90s F. We request, therefore, to be made aware of any conditions, past or current, that may affect the patient during these trips. This information will be reviewed only by the School's doctor and will remain confidential; it will be shared with other staff, faculty, or appropriate professionals only if pertinent to the patient's immediate health and safety. This information does not affect their admission to the School.

Should an emergency occur with the patient during their residence at the School, we request the following information about the patient's medical conditions and your recommendations for their care:

Do you have any recommendations regarding the care of this patient:
☐ Yes. *Explain below.* ☐ No

Is the patient under treatment for any medical condition:
☐ Yes. *Explain below and list any specific medications the patient is currently taking:* ☐ No

Has the patient's physical activity been restricted during the past five years?
☐ Yes. *Give reasons and durations.* ☐ No

Recommendations for physical activity:
☐ Limited. *Explain below.* ☐ Unlimited

Surgeries/hospitalizations/prescribed medications/allergies/other remarks not previously noted:

Please consult with the patient about their participation in this program and discuss any potential limitations they may have or accommodations they may need.

Physician's signature | Date

Address

Telephone/Fax/Email