



**Please have your doctor return this form to Lisa Taylor, Department of Biology,
2nd floor Science Building, Danbury, CT 06810 (Fax 203-837-8769)**

I, Dr. _____, declare that Mr./Mrs./Ms.

_____ is medically fit and able to travel to **Costa Rica** to participate in Western Connecticut State University's International Course Abroad. I have read and reviewed the Center for Disease Control's health and safety information pertinent to the study abroad destination 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, the prescription medication listed by the participant on WCSU's Medical History Form for Study Abroad Programs is both legal and readily available in the host country.

Doctor's Name/Address/Phone

Doctor's Signature

Date