



HEAD ADMISSIONS OFFICE

19, cours des Arts et Métiers
13100 Aix en Provence
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HEALTH FORM

To the attending physician : The student bearing this form has been accepted for a semester or year of study through his or her home institution at the American University Center of Provence. We would appreciate your opinion regarding the student's capacity to take part safely and successfully in an academic program abroad.

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I have examined _____ and believe that he/she is physically and psychologically qualified for university work abroad. I find no evidence of disease, over-fatigue, emotional instability or other condition likely to affect his/her academic work while abroad.

Special remarks : _____

Name of Physician _____ Signature _____

Address _____ Date _____

e-mail _____ Tel _____

REGARDING HEALTH INSURANCE

Reminder : All students are to send written proof of valid overseas health insurance to AUCP office, Aix-en-Provence.

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