PHYSICAL REPORT

All members of the Regular Member Program and/or any member on fellowship at the School (including partners/spouses, where relevant) 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 Ather rigorous and stimulating environment. Individuals emotional conditions and we welcome your assistancessary. We request, therefore, to be made aware patient during their time at the School. This inform will remain confidential; it will be shared with othe pertinent to the patient's immediate health and safe the School.	may require accommodation nce in determining what ace of any conditions, past or ation will be reviewed only or staff, faculty, or appropri	ons for physical, mental, or commodations may be current, that may affect the by the School's doctor and ate professionals only if
Should an emergency occur with the patient during information about the patient's medical conditions		
Do you have any recommendations regarding the c ☐ Yes. <i>Explain below</i> .	are of this patient:	No
Is the patient under treatment for any medical cond ☐ Yes. Explain below and list any specific medical the patient is currently taking:		No
Surgeries/hospitalizations/prescribed medications/a	allergies/other remarks:	
Physician's signature	Date	:
Address		
Telephone/Fax/Email		

PHYSICAL REPORT RELATING TO TRAVEL

To be completed by a physician if member will participate in any trip(s) run by the ASCSA. Regular Members must complete this form, as the School trips are mandatory for them.

Trips are often open to other members, too. This form should be completed if there is even the possibility you will participate in a School trip. Without this form on file, you will not be allowed to join a School trip.

Patient's Name	Date of Birth	Sex
To the examining physician: The American School of Classical Studies at Athens (Arigorous and stimulating environment. Individuals may emotional conditions and we welcome your assistance necessary. Archaeological sites are outdoors, and trips during all seasons and weather. Temperatures in Greece reach the 90s F. We request, therefore, to be made awa affect the patient during these trips. This information will remain confidential; it will be shared with other st pertinent to the patient's immediate health and safety. The school.	require accommodations for phy in determining what accommoda typically require standing and wa the during the late spring and early are of any conditions, past or curre will be reviewed only by the School aff, faculty, or appropriate profess	vsical, mental, or tions may be alking or hiking fall regularly ent, that may ol's doctor and sionals only if
Has the patient's physical activity been restricted durin ☐ Yes. Give reasons and durations.	ng the past five years? ☐ No	
Recommendations for physical activity: Limited. <i>Explain below</i> .	□ Unlimited	
Surgeries/hospitalizations/prescribed medications/aller	rgies/other remarks not previously	noted:
Please consult with the patient about their participation limitations they may have or accommodations they may		potential
Physician's signature	Date	
Address		
Telephone/Fax/Email		