



D5960 Group Cultural Exchange

HEALTH CERTIFICATION DOCUMENT

To be completed by GCE TEAM MEMBER S 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 GCE 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.

Name of Examining Physician (Please print)

Practicing Physician Registration Number

Signature of Examining Physician

Address, City, State, Zip Code