



# 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