

**MEDICAL APPROVAL TO PARTICIPATE INTO
THE PURPAN SUMMER STUDY ABROAD PROGRAM**

TO WHOM IT MAY CONCERN

Name of the doctor:

Address:

Phone number:

This is to certify that the medical condition / health of *(student's name)*

allows him/her to carry out field trips, weekend excursions (including mountain hiking),

and an internship on a farm.

Signature and seal:

Date: