INESLE Madrid
Instituto de Español

INESLE - Spanish Summer Program in Madrid - SPAIN

MEDICAL FORM FOR PHYSICIAN - Form 6

Please Print or Type

Patient _____ Date of Birth _____ /_____ /_____
Day/Month//Year

1. Does this patient have any chronic medical conditions? ☐ yes ☐ no if "yes" please describe:
   _____
   _____

2. Please list any medications taken chronically, including psychiatric medications and medications for attention deficit disorder (ADD):
   _____
   _____

3. Does this patient have any allergies to food, medications, etc.? ☐ yes ☐ no , if "yes" please indicate allergen and type of reaction and whether an Epipen has been prescribed:
   _____
   _____

4. Has this patient been treated for any psychiatric condition, ADD, or an eating disorder?
   ☐ yes ☐ no if "yes" please explain:
   _____

5. Can this patient participate fully in all athletic activities? ☐ yes ☐ no
   if "yes" please describe any restrictions or limitations:
   _____

6. Does this patient have any abnormalities on physical exam ☐ yes ☐ no , if "yes" please describe:
   _____

7. Include a copy of the patient immunization records.

Physician _____ _____ _____
Signature *Printed name* *Date*

Address _____ _____ _____ _____
No. Street *City* *Zip* *State*

Telephone _____email _____

Thank you for your assistance.
Please return completed form to:

INESLE Madrid - Carlos Aguado
Avda. Monasterio de El Escorial, 35 - H- 4ºB
28049 Madrid - ESPAÑA