

DALHOUSIE UNIVERSITY
INTENSIVE RUSSIAN PROGRAMME

PHYSICIAN'S REPORT

Applicant's name: _____

Home University: _____

You are being asked to evaluate the physical and emotional health of the above-mentioned applicant for the Dalhousie University Intensive Russian Programme. **YOUR REPLY MUST BE BASED ON A CURRENT AND THOROUGH PHYSICAL EXAMINATION AND KNOWLEDGE OF THE APPLICANT'S MEDICAL HISTORY.**

The programme's success depends on each student's ability to meet the great emotional and physical, as well as academic, demands placed upon them. Since the Selection Committee has no personal contact with the applicants, it depends on your frank evaluation to select participants best able to cope with and benefit from the programme.

The pressures of living and studying in Russia for an extended period of time (in the case of the participants - four months) are considerable.

It is extremely important that all participants be able to adjust to the severe Russian winter as well as change in diet and living conditions. Participants live in dormitories with other students, have few amenities and even less privacy. They need tact and sensitivity when dealing with Russian citizens and members of their own group, and must exercise good judgement and discretion at all times. Emotional maturity and stability, physical health and stamina are essential. Our many years of experience with Canadian students studying in Russia convinces us that even a slight deviation from mental and emotional stability which is quite acceptable here creates serious difficulties for mutual relationships among students and professors in Russia.

PLEASE NOTE: Applicants will not be rejected due to their physical or emotional condition unless it is of such serious nature as to prevent successful participation in the programme. Complete information will, however, be invaluable to the programme coordinators in anticipating and dealing with any health problems which may arise abroad.

If a student must be sent home because of a chronic physical condition of which the Intensive Russian Programme has not been made aware through this physician's report, the student may be sent home at his own expense.

* The physician should be aware that the Russian authorities have stated that as of February 1, 1989, they will administer an AIDS test to foreigners who will stay in the Russia for more than three (3) months and who do not have a doctor's certificate as proof of testing in their home country. We do not know how strictly this ruling will be enforced. For the time being we recommend testing in Canada only to those who are in a high-risk group or have had relevant exposure to someone in such a group.

Please add any details not covered by the questionnaire and return your evaluation by **June 30** to:

Coordinator
Intensive Russian Programme
Russian Studies Department
Dalhousie University
Halifax, Nova Scotia
B3H 4P9

APPLICANT'S NAME _____

HOME UNIVERSITY _____

Are you: Applicant's family physician? _____

Applicant's college physician? _____

Other (please specify) _____

(It is our policy NOT to accept reports filled out by a parent-physician.)

APPLICANT'S GENERAL STATE OF HEALTH:

Excellent _____

Good _____

Fair _____

Poor _____

APPLICANT'S DATE OF BIRTH: _____

HEIGHT: _____

WEIGHT: _____

If the answer to any of the questions mentioned below is YES, Please give details on a separate sheet. In each case, please indicate whether the condition is likely to affect the student's participation in the programme.

1. Is the applicant seriously underweight or overweight?

YES ___ NO ___

2. Does the applicant have any dietary restrictions or food allergies?

YES ___ NO ___

3. Is the applicant allergic to any form of medication? Please specify.

YES ___ NO ___

4. Does the applicant have any speech, hearing or eyesight impairment which might affect his participation in the programme?

YES ___ NO ___

5. Has the applicant any physical disability which might cause hardship through drastic change in diet, carrying luggage, or strenuous travel?

YES ___ NO ___

6. Is there any congenital malformation or chronic physical condition now existing that may require additional treatment? If yes, what is this condition and what treatment is to be pursued?

YES ___ NO ___

7. Is the applicant currently under observation or treatment for any physical or emotional condition?

YES ___ NO ___

8. Has the applicant been hospitalized in the past two years?

YES ___ NO ___

9. Is there any history of emotional disturbance in the applicant? Has he shown any:

a) difficulties in relationships with parents, authority figures or peers?

YES ___ NO ___

b) behaviour disorders?

YES ___ NO ___

c) emotional symptoms such as mood swings, depression, severe sleep disorders, unusual degree of anxiety, fear, or guilt?

YES ___ NO ___

10. Has the applicant ever consulted a psychiatrist or psychotherapist? (If yes, permission is requested for a confidential report from the psychiatrist or therapist to be sent to our office. If the applicant is under 21, he must obtain his parents' written permission for this report).

YES ___ NO ___

11. To your knowledge are there any predisposing medical, surgical, or emotional factors which may, under stress or duress of the programme, present a need for immediate therapy while abroad?

YES ___ NO ___

PLEASE PRINT:

Physician's Name _____

Address _____

Telephone _____

Signature _____

Date _____