





# HEALTH REPORT & EXAM

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Experimenter Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

## Basic Physical Examination

Height:	
Weight:	
BMI (Body Mass Index):	
Blood Pressure:	
Pregnancy Test (if indicated):	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
HgbA1c (if diabetic):	

Any notable abnormal physical exam findings:

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Please review the CDC Recommendations ([wwwnc.cdc.gov/travel/destinations/list](http://wwwnc.cdc.gov/travel/destinations/list)) of each country the Experimenter will be visiting and provide recommendation on immunizations, vaccines, & prophylaxis. **Malaria prophylaxis** should be considered for the countries on the itinerary with identified malaria risk.

If Experimenter is currently under the care of a medical specialist, the Further Health Information medical form (Part IIIA) must be completed by that provider if requested.

If Experimenter is currently under the care of a mental health provider or counselor, the Counseling & Mental Health form (Part IIIB) must be completed by each mental health provider if requested.

## Licensed Medical Professional's Recommendation

Please check one of the following:

- Experimenter is able to participate fully with no reservations.**
- Experimenter may be able to participate, but with some difficulty or caveats.**  
(Please ensure your concerns, including specific reasons, are detailed in the summary above)
- Participation is not recommended.**  
(Please ensure your concerns, including specific reasons, are detailed in the summary above)

## Provider Information

Thank you for providing a clear, honest, & concise assessment of this Experimenter's health status.

Physician's or health care provider's signature \_\_\_\_\_ Date \_\_\_\_\_  
month/day/year

Name of practice \_\_\_\_\_ Phone \_\_\_\_\_  
Include area code/country & city codes

Printed name \_\_\_\_\_ Email \_\_\_\_\_