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OFFICE OF GRADUATE BUSINESS PROGRAMS  
SCHOOL OF BUSINESS ADMINISTRATION  
421 N. WOODLAND BLVD. UNIT 8398  
DELAND, FL 32723  
OFFICE: (386) 822-7410

### MEDICAL STATEMENT

THE UNIVERSITY HEALTH SERVICE provides emergency care for illness and accident, but it does not provide clinical or hospital service and cannot accept responsibility for prolonged illnesses or for chronic diseases, such as epilepsy, heart trouble, asthma, rheumatic fever, or diabetes, treatment for which must be obtained elsewhere.

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

Home Address: \_\_\_\_\_

Name of person to notify in case of accident or emergency:

\_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

I certify that to the best of my knowledge I am in good health, am free from contagious disease, and know of no physical reason why I should not be able to undertake a program of graduate study.

The following chronic condition should be known to the University physician:

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_