



MEDICAL EXAMINATION REPORT

Dear Doctor:

_____ has applied for admission as a student at The New York Botanical Garden's School of Professional Horticulture.

This is an intensive two-year program to train professionals in the field of horticulture, and combines classroom work with practical training on the grounds and in the greenhouses at the Garden. The practical training sometimes involves rather strenuous physical exertion. The following are examples of the type of work that a student may be called upon to do under proper supervision:

- Climb trees using rope and saddle
- Work in adverse weather conditions (Sun, Rain, Heat, Cold)
- Lift 50 pounds
- Ability to stand and bend for extended periods
- Dig trees with hand tools
- Operate a chain saw

After examination, please inform us as to the applicant's general health and whether he/she would be able to complete a two-year training program of this kind. Please note your appraisal and recommendations in the space provided and return this form to:

Director
School of Professional Horticulture
The New York Botanical Garden
2900 Southern Boulevard
Bronx, NY 10458-5126

Date

Comments

Doctor's Name (Print)

Doctor's Signature

Address

Phone

Please note that we are only seeking information regarding the student's ability to participate in our intensive training program. Kindly do not include any diagnosis, medical condition or treatment in the note. Your response should be limited to the student's fitness to participate in the program.