**Part 2: Health form**

The student is considering spending 3 months in a host school and living with a host family abroad. Incorrect or incomplete information on his/her health could lead to problems while abroad. The form must be completed by the student’s doctor who is **not** an immediate relative of the applicant. The student’s parent(s)/guardian(s) should provide the doctor with all relevant information/documentation on the student’s medical history. If the answer to any of the questions 3-14 is ‘YES’, please include or attach detailed information.

***This health form will be put in a sealed envelope. The student will bring this form abroad. The envelope can only be opened by a doctor treating the student where medically necessary.***

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| --- | --- | --- |
| Student Name: | Home Country: | Date of birth: |

**1**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Height |  | Weight |  | Blood Pressure |  | Pulse |  | Respiration |  |

**2** Do you note any abnormalities concerning height, weight (including substantial loss or gain in the past six months), blood pressure, pulse or respiration? Yes No

If yes, explain:

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If yes, give detailed information and dates (use extra pages if necessary):

**4 ACNE** Yes No

If yes, identify area, severity, any medication taken, name, dosage & frequency:

**5 ALLERGIES** Yes No

If yes, identify type, any medication taken, name dosage & frequency:

**6 ASTHMA** Yes No

If yes, identify type, severity, any medication taken, name, dosage & frequency:

**7 DIABETES** Yes No

If yes, identify type, severity, any medication taken, name, dosage & frequency:

**8 SEIZURE DISORDER** Yes No

If yes, identify type, severity, any medication taken, name, dosage & frequency:



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| If yes, please explain (use extra pages, if necessary) and specify if any aids, adaptations or special assistance are required: |

**10** Has the student been hospitalised?  Yes  No

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| If yes, give dates, diagnosis and outcome for each incident. |

**11** Is the student currently taking medication or injections (other than those mentioned previously)? Yes No

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| If yes, identify the medication, reason for usage, dosage and frequency: |

**12** Has the student EVER consulted a neurologist, psychologist or any other specialist for a nervous, emotional or eating disorders? Yes No

**13** Is there a history of, or present evidence of, an emotional, nervous or eating disorder? Yes No

If yes to either (12 or 13), a FULL report by the specialist and a statement by the parents about the illness or specific problem must be attached. Note: Placement in a foreign host family, school and community requires adjustment which often involves emotional stress. It will not be a time for relaxation or temporary relief from any current therapy. If the student is experiencing current emotional, physical, personal or family difficulties, these difficulties can be severely exacerbated by the adjustment demands of the programme. Therefore, you are requested to evaluate carefully the students’ current or previous condition and treatment along with their ability to manage potential adjustment anxieties and stress in a foreign environment.

**14** Are there any health limitations or restrictions on the student’s activities and / or sports participation or any medical information which should be considered for a home/school placement? Yes No

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| If yes, please describe: |

**15** Does the student wear glasses or contact lenses? Yes No

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| --- |
| If yes, please give the lens power: |

**16**

|  |  |
| --- | --- |
| What was the date of the student’s last dental check up? |  |

Does the pupil wear dental braces? Yes No

If yes, will orthodontic care be needed while on the programme? Yes No

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| --- |
| Frequency? |



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| --- |
| If other, please specify: |

**18** If the student has had the TB Test, please specify the type: Mantoux or Tine (circle one), the date and the result (+/-):

If positive, was a chest x-ray done? Yes No Date: Result (+/-)

If yes, please explain (use extra pages, if necessary):

**Signatures:**

I, the undersigned, certify that a thorough physical examination of the student has been made and all important recent medical information has been included in the Health form, that nothing relevant has been omitted, and that the student is able to travel. I understand that the omission of any information could be harmful to the student’s health care and could result in early termination of the programme.

|  |  |
| --- | --- |
| **DOCTOR’S NAME** | STAMP AND SIGNATURE |
|  |  |
| **Contact details (address, phone, e-mail)** | Date |
|  |  |

I, the undersigned, confirm that the information contained in this health form is correct and complete and that inaccurate or incomplete information could be harmful to the student’s health care and could result in early termination of the programme. I agree that the envelope containing this form can be disclosed to a doctor treating my child while on the programme where medically necessary. If necessary, I agree to communicate all relevant information relating to the health of my child to the host school and the host family. All personal data will be treated as confidential.

|  |  |
| --- | --- |
| **STUDENT’S SIGNATURE** | Date |
|  |  |
| **PARENTS’ SIGNATURE** | Date |
|  |  |