English in Action
Secondary School Exchange

APPLICATION FORM FOR 2018-19 ACADEMIC YEAR
MEDICAL FORM

Applicant's Name_____

Date of Birth_____
(month/day/year)

Height _____ Weight_____

- If the applicant has ever had any of the following, please check:

☐ Abnormal blood pressure	☐ Diseases of skin	☐ Pneumonia
☐ Appendicitis	☐ Frequent colds	☐ Rectal disease
☐ Arthritis	☐ Gall bladder disease	☐ Rheumatic fever
☐ Asthma	☐ Goiter	☐ Rheumatism
☐ Back or spine disease/disorder	☐ Hay fever	☐ Sciatica
☐ Cancer	☐ Heart disease/disorder	☐ Sinusitis
☐ Cholera	☐ Hernia	☐ Smallpox
☐ Diabetes	☐ Intestinal disease/disorder	☐ Tonsillitis
☐ Disease of ears	☐ Kidney or genito-urinary disease/disorder	☐ Tuberculosis
☐ Disease of eyes	☐ Malaria or any type of fever	☐ Typhiod
☐ Diseases of prostate	☐ Paralysis	☐ Venereal disease

If applicant has ever suffered from any of the above, please give:
1) specific name of disorder 2) duration, specify dates 3) final results.

- During the past five years, when and for what injury or illness (including any of the previously mentioned) has applicant been under observation, had medical or surgical advice or treatment, and/or been hospitalized? Please give specific name of illness, duration (specify dates), and final results.

- Is there any history of adverse reaction to anesthesia? Please describe.

- Is there any history of allergies to particular drugs or medications? Please explain.

- Is the applicant up-to-date on all appropriate vaccinations/immunizations? If no, please explain.

- Write "N" if normal; "AB" if abnormal and describe in detail.

Head____	Eyes____	Ears____
Neck____	Nose____	Pharynx_____
Heart_____	Lungs____	Hemia_____
Reflexes_____	Abdomen_____	Rectum_____

- Was a chest x-ray taken as a part of this examination? __Yes __No If so, with what results?

- Is there any reason to think the applicant uses illegal drugs? __Yes __No

- Comment in full on cranial nerves, motor status and coordination, reflexes and equilibrium, and indicate if applicant has ever suffered from seizures.

- Has applicant ever been hospitalized or treated for a mental illness? If yes, please give name and location of hospital and dates of hospitalization.

- Has applicant ever suffered from any nervous, mental, or emotional diseases/disorders? If yes, please explain and give dates.

- Does the applicant show any sign of communicable diseases, over fatigue or physical disability?

- Do you consider the applicant physically and emotionally able to carry on a full program of study and sports in an educational institution abroad?

- In your opinion, is the applicant's health and physical condition:
  Excellent____ Good____ Fair____ Poor____

- How long have you known the applicant?

- Please add any other information, whether or not requested on this form, which might be pertinent to the candidate's application to study abroad.

Signature of physician_____ Date_____

Name and address: _____

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