



Applicant's Name: _____ Date of birth: ____/____/____ (dd/mm/yyyy)
Height: _____ Weight: _____

By signing at the bottom of this form, I confirm that the applicant is in general good health and I do not anticipate any health issue while he/she is on the program. I also confirm that the participant has received all necessary vaccinations required to enter the destination country.

The applicant had his/her most recent TETANUS vaccination on (date) ____/____/____.

Ongoing health issues are described below along with information on any prescribed or over-the-counter medications including name, dosage and frequency:

Allergies (list): _____ Medication: _____

Also indicate if the participant has any food or medicine allergies which the hosting provider must be aware of:

- Asthma . Medication: _____
Diabetes. Medication: _____
Heart Disease. Medication _____
Seizure Disorder (describe): _____ Medication: _____
Disability (describe) _____ Medication (if any): _____
Other (describe) _____ Medication _____

Are there any health limitations or restrictions on the candidate's activities and/or sports participation or any medical information which the hosting provider must be aware of? If so, please describe:

Are there any other problems (such as sleepwalking) that the hosting provider should be aware of? If so, please describe:

Has the participant been treated for any mental/nervous issues such as depression, ADHD, autism, eating disorders, family issues, etc? If so please give details and any recommendations of support which may be needed.

Are there any other health issues we should know about the participant? If so, please describe

If there is any serious medical incident which occurs after the application is submitted, but before departure for program participation, we will report such incident to AFS immediately

We confirm that the information presented here is correct to the best of our knowledge.

Physician Name: _____
Address _____

Signature: _____
Date: _____

Applicant Signature: _____