



This side to be completed by applicant's custodial parent, legal guardian, or applicant (if 18 years of age or over):
The reverse side to be completed by the applicant's physician.

- Reports must be submitted on this form. Other forms will not be accepted.
- This report must be based on a complete physical examination given since **June 1, 2011**. Please make sure you and your physician have fully completed, signed, and dated this form. Incomplete reports cannot be accepted and will be returned.
- We cannot accept medical forms that have been completed by a physician who is not an MD or who is related to you.

Name of applicant _____
last first middle

Mailing address _____

city state zip code

Home telephone _____ Date of birth _____
area code month/day/year

Program Choices _____

1. Check one of the following boxes:

- The applicant **has been** under treatment or counseling for any condition in the last five years. (If the applicant has had psychological or medical treatment or counseling for a condition within the last five years, a Secondary Medical Review Form must be submitted on the applicant's behalf by the counseling professional. That form is included for your immediate convenience.) I will inform World Learning of any new treatment prior to the start of the program.
- The applicant **has not been** under treatment or counseling for any condition in the last five years. I will inform World Learning of any new treatment prior to the start of the program.

2. Please read Confidentiality Statement and check one of the boxes below:

Confidentiality Statement: We, the undersigned, understand that students over the age of 18 years, or their parents/guardians, if the student has not yet attained the age of 18 years, have the right under section 438 of the General Education Provisions Act (*Public Law 90-247*) to review the student's confidential file prepared by World Learning as part of its admissions process.

We further understand that under section 99:6 of the same law, such rights of access may be waived by the student or his or her parents/guardians. We understand finally that confidential recommendations are not required in the admissions process.

- We, the undersigned, therefore **waive any rights** we have to examine this report submitted in connection with the applicant's application for admission to World Learning. (If you have indicated that you "waive" your rights to examine this report, ask your physician to submit this report in a sealed envelope that he or she has signed across the seal.)
- We, the undersigned, therefore **do not waive any rights** we have to examine this report submitted in connection with the applicant's application for admission to World Learning.

Please note: The signature below confirms that I/we have agreed to the conditions stated in sections 1 and 2 above.

Participation is contingent upon World Learning's review of the student's completed medical forms. Failure to disclose complete and accurate information on the medical form can result in dismissal from the program. World Learning normally requires that all students participating in Experiment in International Living programs show medical and psychological stability, as determined by World Learning, for no less than six months prior to the group's departure date. The signature below confirms that I/we agree that World Learning may share this information with its medical consultants for the purpose of completing the medical review process.

Applicant signature _____ Date _____

Custodial parent's or legal guardian's signature _____ Date _____
(if applicant is under 18)

Dear Physician:

It is of crucial importance that you give us your careful, candid, and complete evaluation of this applicant's health. The Experiment program involves a challenging exercise in cross-cultural adjustment that includes a period of living as an active, contributing member of a family abroad, plus several days to two weeks of travel. This applicant will be part of a group of 10 to 20 young people and an adult group leader. To succeed, this applicant must have a high degree of motivation and the ability to adjust to people of different social and cultural backgrounds—sometimes under difficult circumstances. Because of this, sound health is an important asset for the participant. (Health issues do not necessarily preclude acceptance.) This is a brief summary of the program and is not designed to be all-inclusive.

Incomplete reports cannot be accepted and will be returned. Reports must be submitted on this form.

Applicant name _____ **Date of exam** _____
(After June 1, 2011)

1. Is this applicant seriously underweight or overweight? yes no
2. Has this applicant ever had any dietary restrictions or eating disorders, such as anorexia or bulimia? yes no
3. Does this applicant have any allergies (including allergies to vaccines, medications, plants, foods, animals)? yes no
If yes, please explain. _____
4. If this applicant has allergies, is there a history of asthma, anaphylaxis, or other dangerous allergic conditions? yes no
5. Is this applicant currently under medical or psychological treatment? yes no
6. Does this applicant have any speech, hearing, eyesight, or physical (e.g., wheelchair, leg braces) impairment? yes no
7. Is there any history of behavior disorders or emotional disturbances, such as difficulties in relationship with authority figures or peers, or abnormally severe mood swings? yes no
8. Is there any congenital malformation or chronic condition now existing that may require additional treatment? yes no
9. Would carrying his or her own luggage, or strenuous travel, cause the applicant hardship? yes no
10. Does this applicant have any condition or problem that could limit his or her participation, for any length of time, in an active program, or any problems that might require restrictions or limitations on activities? yes no

If you answered "yes" to any of the above 10 questions, the attached Secondary Medical Review Form is required.

IMMUNIZATION RECORD: Please attach a history of the immunizations/vaccinations received during the applicant's lifetime.

For what issues and situations have you seen the applicant in your office during the past five years? (Please give dates.) Please list any medication this student is currently taking.

Height _____ Urine: Sugar _____ Protein _____ Blood pressure _____ Pulse _____ Weight _____
Eyes: Are glasses worn? _____ Are contacts worn? _____ Ears: Is hearing normal? _____ Are drums intact? _____

Are there any abnormalities of the following systems?

Yes	No	Yes	No	Yes	No	Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>	Nose and throat	<input type="checkbox"/>	<input type="checkbox"/>	Orthopedic problems	<input type="checkbox"/>	<input type="checkbox"/>	Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	Chest	<input type="checkbox"/>	<input type="checkbox"/>	(frequent backaches?)	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen (scars, masses, hernia, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Teeth
<input type="checkbox"/>	<input type="checkbox"/>	Neck (thyroid, enlarged nodes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Skin (acne, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Neurological problems	<input type="checkbox"/>	<input type="checkbox"/>	Gums
			<input type="checkbox"/>	<input type="checkbox"/>	Tonsils				<input type="checkbox"/>	<input type="checkbox"/>	Heart

Women: Breast exam* _____ Pelvic exam* _____ Pap smear* _____
Menarche _____ Dysmenorrhea _____ Medication(s) _____
*Optional

BY SIGNING THIS FORM, I agree that the applicant is healthy enough to participate in a summer abroad program.

Physician's signature _____ **Date** _____
Physician's name _____ **Telephone** _____
area code

Physician's address _____

city state zip code

Secondary Medical Review Form 2012

The Experiment in International Living

a program of World Learning



Name of Applicant _____

Program Choices _____

To the Examining Physician or Health Care Professional:

This form is required if your patient has been in treatment or counseling for a significant issue or condition within the last five (5) years; or if you answered "yes" to any of the 10 questions on the reverse side of the Medical Form and the facts or circumstances could materially impact the applicant's successful participation on a challenging Experiment program. A form must be completed for each condition.

World Learning and The Experiment in International Living offer programs in all parts of the world, including countries in Africa, The Americas, Asia/Oceania, and Europe. The type of program can vary—some feature challenging community service and rigorous outdoor adventure components. All participants will be fully active in the culture and will live with a host family for a period of time in varying conditions and proximity to Western-style health facilities and psychological services.

For these reasons, you are asked to carefully consider the applicant's general fitness and physical and mental health in relation to the country, type of program, and conditions in which the applicant will be living. Should you have questions, please call us at 800 345 2929, between 8:30am and 4:30pm Eastern time.

Please review the applicant's history and complete this form. Also, please comment specifically on any/each of the positively answered 10 questions found on the back of the primary Medical Form and provide any additional information that could be useful in the event of treatment by a doctor or other medical facility abroad. This information is strictly for the use of World Learning and will be carried by an adult group leader during the program and will not be released without the applicant's consent.

If there are multiple conditions (example: asthma and counseling) indicated on the Medical Form and multiple physicians, each condition must be "Reviewed" individually by the appropriate physician—please make copies of this form as necessary.

To complete this process, your Medical Form and Secondary Medical Review Form will be reviewed by World Learning.

1. Describe, in as much detail as possible, the relevant health condition(s). *(For allergies, please indicate what this applicant is allergic to, how he or she reacts to it, and any medications which should be used by applicant overseas.)*

2. When did the applicant suffer from this condition, how did it occur, and when was the applicant diagnosed? *(Give specific dates.)*

3. How was this condition treated and for how long? *(Give specific dates, medications, etc.)*

4. Are there currently any problems or issues of concern regarding this condition, and if so, how will they be dealt with overseas?

5. What is the prescribed plan in the event that this health condition becomes an acute/emergency situation overseas?

6. What are the limitations, if any, on this applicant's participation in an extremely emotional and physically rigorous overseas program?

MEDICAL PROFESSIONAL'S AUTHORIZATION

I _____ consider that _____
name of physician name of applicant

is fit to participate in _____ during the summer of 2012
country

and will send the applicant with any medical records or prescriptions needed for possible treatment by a physician or medical facility abroad. Having received permission from the applicant, I am willing to further discuss problems pertaining to this issue with the professional staff at World Learning.

signature of medical professional

date (month/day/year)

Mailing address _____

city

state

zip code

Telephone _____
area code