

Secondary School Exchange Medical Form

To be completed by the parent(s)/guardian(s)

This form provides the schools with medical information to enable them to watch the scholar's health for the duration of his/her stay overseas. Please note that if successful, most host schools will require a more extensive medical to be completed by the scholar's GP.

Name of Applicant:

Date of Birth:

Name(s) of parent(s)/guardian(s):

Height:

Weight:

Have the scholar's tonsils and/or adenoids been removed: Yes/No

If so, when?

Are there any details you feel a school should know about your child's diet, wellbeing, medical history or current condition?



Please circle as applicable:

Illnesses suffered

Scarlet Fever

Diphtheria

Measles

Mumps

German Measles

Whooping Cough

Chicken Pox

Chronic or Recurring conditions

Ear Infections

Hard of Hearing

Seizures/ Dizzy spells

Kidney Disease

Sickle Cell Anaemia (not trait)

Head, spinal cord injury, or disease of central nervous system

Eye diseases

Heart Disease

Asthma

Diabetes

Other (please list)

Signed (parent/guardian)

Date

Name

