



Medical Reference

To be completed with, or reviewed by, the student's doctor.

Student Name: _____

Does the student take any medications (prescription or non-prescription) on a regular basis?

YES NO **Please describe**

Does the student use tobacco or e-cigarette (vaping) products?

Never Sometimes Frequently

Please reply honestly or risk removal from the Homestay Program.

Many host families will refuse a student who uses tobacco or vape products, even experimentally.

Sale of tobacco related products is ILLEGAL for minors

Does the student have any condition, *either documented or perceived*, including a medical condition, learning disability, special need, behavior disorder, physical disability, addiction, or mental disorder that may affect his/her ability to successfully participate and succeed in the International Education Program, or that may require treatment and/or special support at school or from a homestay family? YES NO *If yes, further information may be requested.*

Possessing a condition or disability will not necessarily make the student inadmissible. However, the School District must be able to accommodate the student's condition without additional costs. Failure to disclose pertinent information could lead to dismissal.

I certify the above information to be true. _____
Student Signature

DOCTOR'S CONFIRMATION: I have reviewed the above student's medical history and can confirm, to the best of my knowledge, the student's suitability for studying abroad in a foreign country based on his/her medical history is as follows:

Excellent Good Fair Poor Unsuitable

Doctor's Signature

Date

Stamp of doctor, clinic or hospital