

Health Certificate (Page 1 of 2)

To be completed and signed by the candidate's physician. The physician should not be related to the candidate. Each question must be answered for "YES" responses to questions 3-14. Please provide a detailed explanation here or attached in a separate report. AFS reserves the right to ask for further information and determine if the candidate meets the program medical qualifications. The candidate and parent / guardian must also sign

CANDIDATE NAME MS./MISTER _____		HOME COUNTRY THAILAND
BIRTH DATE DD / MMM / YYYY	HEIGHT	WEIGHT
1. B/P	PULSE	RESPIRATION
BLOOD TYPE		

2. Do you note any abnormalities concerning height, weight (including substantial loss or gain in the past six months), blood pressure, pulse or respiration? No Yes (describe)

3. Please check the appropriate box. **Has the candidate HAD any of the diseases/conditions listed below:**

MEASLES <input type="checkbox"/> No <input type="checkbox"/> Yes IF KNOWN Titer : _____ Date: / /	RHEUMATIC FEVER <input type="checkbox"/> No <input type="checkbox"/> Yes
MUMPS <input type="checkbox"/> No <input type="checkbox"/> Yes IF KNOWN Titer : _____ Date: / /	COUGH (PERSISTENT, RECURRING) <input type="checkbox"/> No <input type="checkbox"/> Yes
RUBELLA <input type="checkbox"/> No <input type="checkbox"/> Yes IF KNOWN Titer : _____ Date: / /	HEADACHES (PERSISTENT, RECURRING) <input type="checkbox"/> No <input type="checkbox"/> Yes
CHICKEN POX <input type="checkbox"/> No <input type="checkbox"/> Yes IF KNOWN Titer : _____ Date: / /	SLEEPWALKING <input type="checkbox"/> No <input type="checkbox"/> Yes
POLIOMYELITIS <input type="checkbox"/> No <input type="checkbox"/> Yes	ENURESIS <input type="checkbox"/> No <input type="checkbox"/> Yes
HEPATITIS <input type="checkbox"/> No <input type="checkbox"/> Yes	APPENDICITIS <input type="checkbox"/> No <input type="checkbox"/> Yes
TUBERCULOSIS <input type="checkbox"/> No <input type="checkbox"/> Yes	PARASITES (INTERNAL) <input type="checkbox"/> No <input type="checkbox"/> Yes

If yes, give detailed information and dates (use extra pages if necessary):

4. ACNE No Yes If yes, identify area, severity, any medication taken, name, dosage & frequency:

5. ALLERGIES No Yes If yes, identify area, severity, any medication taken, name, dosage & frequency:

6. ASTHMA No Yes If yes, identify area, severity, any medication taken, name, dosage & frequency:

7. DIABETES No Yes If yes, identify area, severity, any medication taken, name, dosage & frequency:

8. SEIZURE DISORDER No Yes If yes, identify area, severity, any medication taken, name, dosage & frequency:

9. Has the candidate ever had any disease, impairment or abnormality of:

Abdominal organs, digestive system <input type="checkbox"/> No <input type="checkbox"/> Yes	Heart blood vessels <input type="checkbox"/> No <input type="checkbox"/> Yes
Lungs, respiratory system <input type="checkbox"/> No <input type="checkbox"/> Yes	Tonsils nose or throat <input type="checkbox"/> No <input type="checkbox"/> Yes
Bones, joints, locomotor system <input type="checkbox"/> No <input type="checkbox"/> Yes	Blood, endocrine system <input type="checkbox"/> No <input type="checkbox"/> Yes
Genito-urinary system <input type="checkbox"/> No <input type="checkbox"/> Yes	Eyes / vision, ear / hearing <input type="checkbox"/> No <input type="checkbox"/> Yes

If yes, please give detailed information and dates (use extra pages if necessary)

10. Has the candidate been hospitalized? No Yes

If yes, give dates, diagnosis and outcome for each incident. _____

11. Is the candidate currently taking medication or injections (other than those mentioned previously)? No Yes

If yes, identify the medication, reason for usage, dosage and frequency:

12. Has the candidate EVER consulted a neurologist, psychologist or any other specialist for a nervous, emotional or eating disorder? No Yes

13. Is there a history of, or present evidence of, an emotional, nervous or eating disorder? No Yes

If yes to either (12 or 13), a FULL report by the specialist and a statement by the candidate about the illness or specific problem must be attached in a sealed envelope. Note: Placement in a foreign host family, school and community requires adjustment which often involves emotional stress. It will not be a time for relaxation or temporary relief from any current therapy. If the candidate is experiencing current emotional, physical, personal or family difficulties, these difficulties can be severely exacerbated by the adjustment demands of the AFS program. Therefore, you are requested to evaluate carefully the candidate's current or previous condition and treatment along with his or her ability to manage potential adjustment anxieties and stress in a foreign environment.