

Participant: _____

Additional Allergy Information

We ask that you provide us with additional information about the student's allergy. Please be as specific as possible.

1. When was the student diagnosed _____ (Types of Allergies)?
2. Please identify the severity of each allergy (mild/severe). Does the condition pose a risk to the student's life? Example: extreme allergy that can result in hospitalization or death.
3. What triggers the student's allergy?
4. Does the student ever take medication? If so, what is the medication, dosage and frequency taken?
5. Is the student able to self-medicate? How long have they been self-medicating?
6. How does the allergy affect the student's daily life? Does it limit the students' ability to partake in physical activities to any degree? Example: PE class
7. Are there any special considerations that need to be made in regard to the students' host family placement? Example: Must buy food free of substances student is allergic to, teachers must give extra time on tests.
8. Will the student need to visit the doctor /hospital /therapist/physiotherapist while on this exchange program?
9. Is the students' natural family aware that AFS insurance does not cover the cost of preexisting conditions?
10. If this is pets allergy, can the student live with a hairless or a hypo allergic cat or dog?

PHYSICIAN NAME AND DEGREE	SIGNATURE	
ADDRESS	DATE: ___/___/___	
CANDIDATE SIGNATURE	DATE: ___/___/___	
PARENT / GUARDIAN SIGNATURE	DATE: ___/___/___	