

Health Form 2018 Instructions

800 345-2929 | Fax 802 258-3427
experiment@worldlearning.org | www.experiment.org



Schedule a doctor's appointment as early as possible.

The completed health form must be received within four (4) weeks of your program acceptance.

Please upload the health form to the parent portal, fax to 802 258-3427, or mail to The Experiment in International Living-Student Health Office, PO Box 676, Brattleboro, VT 05302-0676

The guidelines below will assist you in completing the health form and making a medical appointment. Only The Experiment in International Living health forms will be accepted. Other health forms (school, sports physical exam, etc.) will not be accepted.

PART I - Personal Health History

- To be completed by applicant's custodial parent, legal guardian, or applicant (*if 18 years of age and over*). Part I is to be completed via the Parent Portal. If you need help accessing the Parent Portal or prefer a PDF version, please contact The Experiment.

PART II - Health Report and Examination

- The information on this form must be based on a complete physical examination given since June 1, 2017.
- We will accept only health forms that have been completed and signed by a health professional (MD, Nurse Practitioner, Physician Assistant) who is not related to you or the participant.

PART III A/B - Further Health Information for Overseas Travel (Medical or Counseling and Mental Health)

- To be completed by applicant's medical and/or mental health provider if you have answered yes to any questions in Part I (including check-boxes).

The Experiment in International Living normally requires that all students participating in the Experiment programs show medical and psychological stability for six months prior to the group's departure date.

CHANGE OF STATUS: You are responsible for notifying The Experiment immediately of any changes in the applicant's health history prior to departure. This helps us to better prepare for and manage Experimenters' health and wellness while on program.

Part II: Health Report and Examination

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 be able to adjust to varying changes in climate, diet and living conditions-sometimes under difficult circumstances- and have a high degree of motivation. **Part III of the Health Form is to be used for further health information** and is to be completed by a physician or treating professional. This information is strictly for the use of World Learning and The Experiment in International Living. This is a brief summary of the program and is not designed to be all-inclusive.

Please mail or fax immediately to: The Experiment-Student Health Office, PO Box 676, Kipling Road, Brattleboro, Vermont 05302 USA | Fax 802 258-3427

Participant's Name _____ Program _____

Date of physical examination (*must be given since June 1, 2017*) _____

Immunization Record

Indicate the most recent date. The following immunizations are the minimum **REQUIRED**. Check Health Guidelines for other country-specific required and recommended immunizations. Attach record if available. If proof of immunity is by titer, attach copy of lab report.

Tetanus/diphtheria/pertussis (Td or Tdap) _____ / _____ / _____

Other Immunizations:

Measles, Mumps, Rubella (MMR #1) _____ / _____ / _____

_____ / _____ / _____

Measles, Mumps, Rubella (MMR #2) _____ / _____ / _____

_____ / _____ / _____

Height _____

Weight _____

Please answer ALL questions.

1. Is this applicant seriously underweight or overweight? yes no
2. Is there a history of any eating disorder, such as bulimia or anorexia, within the last two years? yes no
3. Does this applicant have any allergies (including allergies to medication and/or food)? yes no
4. If applicant has allergies, is there a history of asthma, anaphylaxis, and other dangerous allergic conditions? n/a yes no
5. Is this applicant currently under medical treatment or taking medication? yes no
6. Does this applicant have any speech, hearing, eyesight, or physical impairment? yes no
7. If answer to Question 6 is yes, would this applicant have difficulties participating in an academically challenging and rigorous summer abroad program? n/a yes no
8. Has the applicant received counseling or mental health treatment within the last two years? (If "yes," permission will be asked of the applicant for a confidential report from the treating professional.) yes no
9. Is there any congenital or chronic condition that may require additional treatment? yes no
10. Would carrying luggage, or conducting strenuous travel, cause the applicant hardship? yes no
11. Are there limitations to physical activity? If yes, give details below. yes no

Please give details on any questions to which you have answered yes or on any points of concern in your examination or in this applicant's personal health history in Part I. Part III is to be used for further health information.

Having examined this applicant and reviewed his/her past medical history, I agree that the applicant is healthy enough to participate in the 20____ program indicated above.

Physicians signature _____ Date _____

Physicians Name (print) _____ Telephone _____
include are code or country and city codes

Physician's address _____ Fax _____
include are code or country and city codes

Participant's Name _____

Program _____



Part III A: Further Health Information for Overseas Travel: Medical (continued)

4. Are there currently any problems or issues of concern regarding this condition?
(Describe plans for testing or treatment.)

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

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

Medical Professional's Authorization

I, _____, consider that _____,

name of medical or treating professional name of applicant

is fit to participate in _____ in _____ during summer 20____,

country program

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

Signature of medical or treating professional _____ Date _____

month/day/year

Mailing address _____

city state postal code country

Telephone _____

area code or country and city codes

Fax _____

area code or country and city codes

Participant's Name _____

Program _____



Part III B: Further Health Information for Overseas Travel: Counseling & Mental Health

To the Appropriate Mental Health Professional:

Studying abroad can be an enriching experience as well as a physically and mentally challenging one. Mild or pre-existing health conditions can become serious for some participants as they transition into an unfamiliar culture and environment. For this reason, we encourage all applicants to fully disclose their health history so that we can prepare them properly for their experience, make arrangements for any special accommodations if necessary, and in some cases, assess whether there may be any health reasons that an applicant should consider another program.

In order to ensure the applicant's well being, we expect full disclosure of any health history that could be potentially problematic for a student overseas. Please give as much detail as possible in answering the following questions.

Please mail or fax immediately to:

EIL - Student Health Office, PO Box 676, Kipling Road, Brattleboro, Vermont 05302 USA | Fax 802 258-3427

Please include appropriate relevant medical records and any information necessary for medical personnel overseas who might be treating this student. Please use additional paper if necessary.

1. Describe, in as much detail as possible, the relevant mental health condition and/or precipitating event(s) that led the applicant to seek counseling. State DSM-5 diagnosis(es) if applicable; please list the applicant's specific symptoms.

2. When did the applicant experience this condition, and when was the applicant diagnosed? Please list specific dates.

3. How was this condition treated and for how long? Include dates and type of treatment, name and dosage of medication(s) etc.

4. Describe any triggers that might lead to the recurrence of symptoms.

