



Can be included with completed application OR sent by email to the address above.

MEDICAL REFERENCE to be completed with, or reviewed by, the student's doctor.

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

YES NO

Does the student smoke? YES NO

If yes, is student prepared to stop smoking? YES NO

Does 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 so, 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.

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