Rotary District 5020 | Rotary Youth Exchange

Outbound Student Applicant

Medical Questionnaire

Applicant Name:_____

Address: _____

Date of Birth: (MM/DD/YYYY)_____ Gender:_____

Participation in the Rotary District 5020 Youth Exchange Program is contingent on the health status of the applicant.

Complete this Medical Questionnaire as required for initial application. Once offered conditional acceptance into the Program a detailed Medical History and Exam Form and a Dental Exam form will be sent to the applicant. A medical provider and a dental provider must complete these forms. Completed forms must be included in the finalized application packet before an applicant can be considered for final assignment. This is confidential information.

Has the applicant been diagnosed with or received treatment for any of the following? If yes, provide brief summary of condition/treatment/ongoing concerns in the space below. Attach additional sheets if needed.

- ☐ Anorexia, bulimia, other eating disorder
- ☐ Asthma
- ☐ Attention Deficit Disorder (ADD/ADHD)
- ☐ Bowel or digestive disorder
- ☐ Cancer
- ☐ Chemical dependency, illegal chemical use
- ☐ Diabetes
- ☐ Fainting episode
- ☐ Headache (migraine or recurrent)
- ☐ Hearing impairment
- ☐ Heart disease
- ☐ Menstrual disorder
- ☐ Mental health conditions
- ☐ HIV infection
- ☐ Seizure disorder
- ☐ Stomach ulcer or reflux (GERD)
- ☐ Visual impairment
- ☐ Weight changes (>10 pound gain or loss in past year)
- ☐ Other:

Applicant Name:_____

List allergies (medication and environmental)

	Allergy	Reaction	Treatment used
1.			
2.			
3.			
4.			

List all medications taken on regular basis (prescription, over-the-counter, herbals, vitamins)

	Medication	Dose/frequency	For what condition?
1.			
2.			
3.			
4.			
5.			
6.			

List any dietary restriction(s) – include description of special diet, vegetarian, vegan, etc:

List any other current or chronic medical issues that may impact the applicant's health while living overseas or that may require special accommodation or medical planning:

Applicant name: _____ Date _____

Parent/Guardian: _____ Date _____

Filling in the Applicant, Parent/Guardian names above will be considered a signature.