

**1. MEDICAL HISTORY AND EXAMINATION**

Applicant's Full Legal Name \_\_\_\_\_

Gender \_\_\_\_\_

Date of Birth (eg 01/Jan/1999) \_\_\_\_\_

Address – Street \_\_\_\_\_

City and State \_\_\_\_\_

Post Code and Country \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

**Physician:**

This person is considering an exchange to Mongolia. Insufficient, inadequate, or improper information about medications or psychiatric, psychological, or other medical problems could endanger the student's life while overseas. Allergy information is especially crucial to host family placement and student well-being. An immediate relative of the applicant may **not** complete the examination or fill out this form.

*Please type or print clearly.*

**Medical History**

How long has the applicant been the patient of the physician?

\_\_\_\_\_

Has the applicant ever been diagnosed with or received treatment, attention, or advice from a physician or other practitioner for

*Please circle yes or no*

Allergies	Yes	No
Liver disease/hepatitis	Yes	No
Anorexia/bulimia/other eating disorder	Yes	No
Menstrual disorders	Yes	No
Appendicitis	Yes	No
Mental disorders	Yes	No
Arthritis	Yes	No
Pneumonia	Yes	No

Asthma	Yes	No
Rheumatic fever	Yes	No
Bowel problems	Yes	No
Serious headache/migraine	Yes	No
Cancer	Yes	No
Stomach ulcer	Yes	No
Diabetes	Yes	No
Typhoid fever	Yes	No
Epilepsy/seizures	Yes	No
Urinary tract infection	Yes	No
Hearing loss	Yes	No
Vertigo/dizziness	Yes	No
Heart disease	Yes	No
Visual problems	Yes	No
Hernia	Yes	No
Eyeglasses/contact lenses	Yes	No
Malaria	Yes	No

**Has the Applicant:**

Had any surgical operation not revealed previously, or gone to a hospital, clinic, dispensary, or sanatorium for observation, examination, or treatment not revealed in question previously?	Yes	No
Taken any prescribed medication in the past six months?	Yes	No
Presented any history or current evidence of nervous, emotional, or mental abnormality, functional nervous breakdown, nervous fatigue, depression, suicide attempts, eating disorders, or antisocial behavior?	Yes	No
Ever used heroin, cocaine, marijuana or other hallucinogens, amphetamines, or other street drugs?	Yes	No
Ever received treatment for or advice about a problem with alcohol or drug use, either from a physician/other practitioner or an organization that assists those who have an alcohol or drug problem?	Yes	No
Had excessive weight gain or loss recently?	Yes	No
Suffered chest pain, wheezing, shortness of breath, or fainting episodes?	Yes	No
Suffered chronic diarrhea, vomiting, abdominal pain, or constipation?	Yes	No
Exhibited chronic skin conditions (eg severe acne, eczema, psoriasis)?	Yes	No
Suffered weakness of neurological or muscular skeletal system?	Yes	No
Had any dietary restrictions? If yes, specify and note reason (medical, religious, personal choice):	Yes	No

If “Yes” for any parts of questions 2 and 3, please give details:

Nature and severity of disorder, diagnosis, frequency of attacks, and treatment dates and duration.

Will the applicant be bringing any prescribed medication on the exchange?      Yes      No

If yes, please list each medication, including the international and generic names, compound symbols, dosage, frequency, and reason for use:

Prescribed Medication	Dose/Frequency	Reason for use

If the applicant has had the following infectious diseases, please indicate when or if they have not:

Measles (rubeola)		Mumps	
Hepatitis		Whooping Cough (pertussis)	
Rubella (German measles)		Chicken Pox	
Scarlet Fever		Other	

The applicant has been immunized against the following diseases (clearly state the dates of last booster and doses received):

Immunization	Number of Doses	Dates (eg 01/Jan/2006)
Diphtheria		
Measles (rubeola)		
Whooping cough (pertussis)		
Polio (Sabin-3 or more TOPV, Salk- 4 or more IPV)		
Tetanus		
Hepatitis B		
Rubella (German Measles)		
Mumps		
Other (specify)		
Additional Comments (add separate sheet if required)		

**Physical Examination**

Height:		Weight:	
Blood Pressure:	Sys.	Dia:	
Pulse rate/minute:			

Does today's examination show any abnormal finding for:

Extremities	Yes	No
Head and Neck	Yes	No
Ear, Nose, Throat	Yes	No
Chest / lungs	Yes	No
Heart (murmur, pressure)	Yes	No
Hernias	Yes	No
Lymph nodes / breasts / genitalia	Yes	No
Muscular Skeletal system	Yes	No
Neurological	Yes	No
Abdomen (mass)	Yes	No
Rectal	Yes	No
Skin	Yes	No

If yes, please provide detailed information on a separate page

*(typed or computer-generated with the applicant's full legal name and date of birth at the top of each page).*

**CERTIFICATION**

I certify that I hold a valid current license to practice medicine and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted above and the attached page(s) (if no pages are attached, please check here).

I find the applicant:

In good health and not suffering from any mental or medical condition(s) that would preclude participation in the program      Yes      No

Suffering from mental or medical condition(s) as noted in my report      Yes      No

I find the applicant in good health and not suffering from any condition(s) that would preclude participation in sporting/physical activities of the applicant's choice.      Yes      No

Physician's Name (type or print) \_\_\_\_\_

Signature (in blue ink) \_\_\_\_\_

Date \_\_\_\_\_

Physician's address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

**2. GUARANTEE FORM**

Full Legal Name as it appears on  
passport or birth certificate  
(use capital letters for your  
FAMILY name) \_\_\_\_\_

Gender \_\_\_\_\_

Address – Street \_\_\_\_\_

City and State \_\_\_\_\_

Post Code and Country \_\_\_\_\_

Address – Postal (if different) \_\_\_\_\_

City and State \_\_\_\_\_

Post Code and Country \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth (eg 01/Jan/1999) \_\_\_\_\_

Place of Birth (city, State /  
Province, country) \_\_\_\_\_

Citizen of (Country) \_\_\_\_\_

**APPLICANT GUARANTEE**

I, the applicant named above, agree to do the following:

1. Purchase round-trip air travel before I depart my home country.
2. Abide by the rules and decisions of the program, accepting advice and supervision of my Rotary Chaperone.
3. Attend all orientations and trainings offered.
4. Abide by program rules.
5. Participate in fundraising activities prior to departure.
6. Participate in community service activities while in Mongolia.

**PARENT/LEGAL GUARDIAN GUARANTEE**

We, the parents/legal guardians of the above named applicant, agree to do the following:

1. Pay all costs of transportation, passport, and visa.
2. Pay costs for health and accident insurance.
3. Pay for clothing for the applicant's welfare and any uniforms required and.
4. Pay additional costs as circumstances arise.
5. Attend orientation meetings.

The Undersigned **APPLICANT** and **PARENTS/GUARDIANS** hereby agree to the Applicant's and Parents'/Guardians' Guarantee (A and B) and that the applicant is permitted to travel to Mongolia.

Signed (Applicant)	_____
Date	_____
Signed (Father / Guardian)	_____
Date	_____
Home Phone / Mobile	_____
Email	_____
Signed (Mother / Guardian)	_____
Date	_____
Home Phone / Mobile	_____
Email	_____
Witness (Rotary Club of North Balwyn Representative)	_____
Date	_____
Home Phone / Mobile	_____
Email	_____

**ALTERNATIVE EMERGENCY CONTACT IN HOME COUNTRY**

Name	_____
Relationship	_____
Address – Street	_____
City	_____
State	_____

Post Code \_\_\_\_\_  
Country \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Mobile \_\_\_\_\_  
Email \_\_\_\_\_

**The Rotary Club of North Balwyn** having interviewed the applicant and his/her parents/legal guardians and reviewed the applicant's application, hereby endorse the student as qualified for Rotary Exchange.

Name of Club	Rotary Club of North Balwyn
Club ID #	18337
District #	9800
President Name	Nino Sofra
Signature	_____
Date	_____
Home Phone / Mobile	9816 3659 / 0409 506 226
Email	nsofra@bigpond.net.au
Club Secretary	Gavan Schwartz
Signature	_____
Date	_____
Home Phone / Mobile	9850 7396 / 0409 231 678
Email	gavan@gsadvising.com.au



### **3. DECLARATION BY APPLICANT AND PARENTS**

**IN CONSIDERATION** of the acceptance and participation of the applicant in this program, the undersigned APPLICANT and his/her PARENTS or LEGAL GUARDIANS, to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify all host parents and members of their families, and all members, officers, directors, committee members, and employees of the host and sponsor Rotary clubs and districts, and of Rotary International, and the National Camping Association of Mongolia, from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omission, excepting gross negligence or intentional conduct, of any such persons or entities, which may be suffered or claimed by such applicant, parent, or guardian during, or as a result of, the participation by the applicant in such Youth Exchange program, including travel to and from the host country.

As the undersigned applicant and undersigned parents or legal guardians of the applicant, we hereby state that we have read and understood the Program Rules and Conditions of Exchange. Should I, as a student, be selected for an exchange, I agree to abide by these rules and others imposed on me with due notice during my time as an exchange student in the host country.

We attest that we have read and understand the Statement of Conduct for Working with Youth. We understand that all Rotarians and host families and representatives of the National Camping Association of Mongolia are expected to have read and understand this statement as well. I understand that, if selected for an exchange, I will be provided with training and written material on abuse and harassment and that this information will include the contact information of the person I should contact if I encounter any form of abuse or harassment.

I attest that I am of good health and character, understand the importance of the role of a youth ambassador as a Rotary Youth Exchangee, and will, to the best of my ability, maintain the high standards required of a Rotary Youth Exchangee. I further state the material contained in this application and the attached documents are true and accurate to the best of my knowledge.

### **PERMISSION FOR MEDICAL CARE AND RELEASE OF MEDICAL RECORDS AND LIABILITY**

We, the parents/legal guardians of the applicant, and I, the applicant, HEREBY AUTHORIZE the release of medical information on application pages 'Medical Information 1-4,' acquired in the course of the examinations by the physician.

We, the parents/legal guardians of the applicant, and the applicant, if of legal age, who have the sole and legal right to make the decisions on the health and care of the applicant, do release from liability and grant permission as noted of the following while our son/daughter/ward is overseas as a Rotary Youth Exchangee:

In the event of accident or sickness, we/I authorize any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of student to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment.

We/I give permission for any operation, administration of anesthetic, or blood transfusion that a medical practitioner may deem necessary or advisable for the treatment of our son/daughter/ward.

We/I further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required by our son/daughter/ward for any emergency situation. We do request that we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice.

Permission is granted for immunizations required for school registration. In the case of elective surgery, we/I request that we/I be notified and our permission obtained before such arrangements are made.

Applicant (print name)	
Signature	
Mother / Legal Guardian (print name)	
Signature	
Father / Legal Guardian (print name)	
Signature	
Witnessed in the presence of Rotary Club of North Balwyn Representative (print name)	
Signature	
Dated	
Day	
Month	
Year	

We agree to hold harmless Rotary International, any Rotary district, Rotary club, Rotarian, Rotary chaperone, the National Camping Association of Mongolia, or host family for any intervention in an emergency situation regardless of final outcome.

We agree to assume all financial obligations beyond those covered by insurance for any medical treatment rendered