



Medical Evaluation Form

Purpose: The below mentioned person is applying to participate in an international exchange program in the United States as a Summer Camp Counselor. During this time, they will be working with children, participating in outdoor activities and exercise. Additionally, they may experience various degrees of stress resulting from culture shock and the immersive nature of the program. The questions below are intended to determine the applicant’s suitability to participate in such a program from a physical and mental health perspective.

PARTICIPANT NAME: _____

PHYSICIAN NAME: _____

SITE/LOCATION OF EXAMINATION: _____

DATE OF EXAMINATION: _____

HAVE YOU EXAMINED OR TREATED THIS PERSON PREVIOUSLY? (YES/NO)

IF YES, HOW LONG HAVE YOU BEEN THEIR PHYSICIAN? : _____

IS THE APPLICANT CURRENTLY TAKING ANY PRESCRIPTION MEDICATION? (YES/NO)

IF YES, PLEASE LIST THE MEDICATIONS AND THEIR INDICATIONS:

BRIEFLY DESCRIBE THE EXAMINATION YOU CONDUCTED FOR THE APPLICANT. WHAT TESTS, EXAMS OR ASSESSMENTS WERE MADE TO COME TO YOUR CONCLUSION?

BASED ON YOUR EXAMINATION AND HISTORY WORKING WITH THE APPLICANT, ARE YOU AWARE IF THE APPLICANT HAS EXPERIENCED ANY OF THE FOLLOWING:

- ANY INJURY WHICH COULD PREVENT THEM FROM PARTICIPATING IN PHYSICAL ACTIVITY
- ALLERGIES WHICH COULD BE DANGEROUS OR LIFE THREATENING
- A HISTORY OF MENTAL ILLNESS
- ANY CHRONIC INJURY, ILLNESS OR CONDITION
- ANY DISEASES WHICH MAY POSE A THREAT TO THE APPLICANT OR OTHERS

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN BELOW:

TO YOUR KNOWLEDGE, IS THERE ANY REASON THE APPLICANT SHOULD NOT BE ENGAGED IN ANY OF THE FOLLOWING:

- INTERNATIONAL TRAVEL
- WORKING WITH CHILDREN
- SPORTS, OUTDOOR ACTIVITIES (HIKING, HORSEBACK RIDING ETC), VIGOROUS PHYSICAL ACTIVITY

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN BELOW:



TO YOUR KNOWLEDGE, IS THE APPLICANT UP TO DATE ON THE FOLLOWING VACCINATIONS (Check those that apply):

- Chicken Pox
- Diphtheria/ Pertussis/ Tetanus Toxoid
- Influenza
- Polio
- Hepatitis A, B, and/or C (Please circle those that apply)
- Meningitis
- Measles, Mumps, Rubella
- Tuberculosis

IN YOUR PROFESSIONAL OPINION, IS THE APPLICANT IN SATISFACTORY PHYSICAL AND MENTAL HEALTH TO PARTICIPATE IN AN INTERNATIONAL EXCHANGE PROGRAM WORKING WITH CHILDREN? (YES/NO)

- YES
- NO
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DISCLAIMER AND DISCLOSURES:

The evaluation provided in this document is only intended to be a professional opinion based on the physician's evaluation and knowledge of the applicant's health history. It is not intended to be an exhaustive assessment of the applicant's health. The physician will not be held liable by Odyssey International Camp for any information or opinions provided.

<p>Physician Name:</p> <p>Physician Medical License Number:</p> <p>Physician Signature or Stamp:</p> <p>Date:</p> <p>Physician Email and Phone Number:</p>
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The applicant understands that Odyssey and their host camp must be aware of any health conditions that may affect their ability to participate in the program as this may impact the health, safety and welfare of both the participant and children under their supervision. The applicant acknowledges that Odyssey may need to share information provided on this document to prospective hosts, The Department of State, emergency personnel or friend and family in the event of an emergency.

<p>Applicant Name:</p> <p>Applicant Signature:</p> <p>Date:</p>
