

Sponsor District: _____

Applicant Name: _____



82/&9%0"1;V2E9/'=Q9<&%(&)-.690'&9%0 W R } \$'

82/&9%0"1;V2E9/'=Q9<&%(&)-.690'&9%0

W R } \$'

7.)<9/90;"[6*7%2+\$.-%7/&-7*+(\$-#8%4\$%=(&+%7% %E,6'-#%2.2+\$.-%72**,\$-./%"+\$12".\$/%(%@5(&5\$%-&(@".*%-&2.@\$+*,".*%-7&(% 574.6**.(*/%574,6&3&8#,"3/%&7%0\$-6\$3%5(&=3\$@7%,&23+%\$-+4\$0%6\$)6 while overseas. Allergy information is especially crucial to host "@*34%53",@\$-.-+%7.2+\$.-%Z\$330=\$*-#-%P-%*@@\$+*".%(\$3".*)%&0%88@55\$*\$%96\$4\$@*"-.*%-&(%*33%&2.6*7%&(@:-% h• }u%o μš CE všCEÇU](%o)••] o X }v•μoš Z}š CEÇ ^%o}v•}CE]•šCE] š /v•šCEμ š}}v• (}CE CE (μ]CE }%o) • (]CE•š (}CE oμ]vl •]Pv šμCE • }v %o %o CE ~](CE (μ]CE •X o šCE]v]•]Pv šμCE ~•• u Ç

Applicant's Full Legal Name*		>".%&%'S*(L&K); D>9%	Male Female Non-Binary
O&@\$%P++(\$77%(\$\$.%)	N*.4%	A.".SQ!(&)*-,\$% I&7."3%N&+\$%	N&2-.(4%
R0@**3%P++(\$77	O&@\$%l6&-\$%K2@=\$(%	;=&*3%l6&-\$%K2@=\$(%	

V2E9/'="Q9<&%(&)

1. Q%Y"=%01",<"&,2"BB=9/0&"H220"&,2"B'&920&"%?"&,2"B.)<9/9'0R"			
2. Q'<"&,2"BB=9/0&"2P2("H220"E9'10%<2E"Y9&,"%("2/29P2E"&(2'&620&Z"&2&20&9%0Z"%("EP9/2"?(%6""B),<9/9'0"("%&,2("B(/&9&9%02("?(%;			
a. P33\$(*\$7	<input type="checkbox"/>	N%	<input type="checkbox"/>
b. :0%(2.9'CH+=969'C%&,2('2'&901"E9%%(E2(<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. P55\$+*,*.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. P(.6(*.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. P7.6@"%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. :&20&9%0"E2?9/9&"E9<%(E2(["	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. S&Z\$3%5(&=3\$@7%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. N"-,\$(%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. >*"-,\$.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. R5*3\$574Q7\$*B2(\$7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. O\$("-%#3&77%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. O\$("-%+*7\$7\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. O\$("-"%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. J*\$(%+*7\$7\$Q6\$5".*.7	<input type="checkbox"/>	N%	<input type="checkbox"/>
o. ;"3(""	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. ;\$-7.(2"3%+*7&(+\$(7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. V20&'="E9<%(E2(<["	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. !-\$2@&-*"%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. W6\$2@".*%')\$(\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. A\$(*&27%6\$"+",6\$Q@#(""-*\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. A.&@",6%23,\$(%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. [456&*+%')\$(\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. _("-(4%(".,%*-\$,.*-&-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. `\$.*#&Q+*BB*-\$77	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. ``72"3%,&((\$,.*&-74\$#3'77\$7Q,&.-.,%3\$7\$7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. *72"3%5(&=3\$@7&7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q%&,2"BB=9/0&;	<input type="checkbox"/>	*2<"	"N%
D O"+%"-4%72(#,"3%&5\$(".*&-&.&.\$)\$"3\$+*-%12\$7.*&-%D/(&(%#&-\$%.&%"%6&75".*3/,%3*-,/%+*75\$-7"(4/%&7"-.&("2@%&(&=7\$)\$.*&-/\$E"@*-.*&-/%&(%.\$).@\$.-%&.&.\$)\$"3\$+*-%12\$7.*&-%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E ["<\$-%"-4%5(\$7,*\$+@%\$+*,*. *&-*-%.6\$%5"7.%7*E%&-67X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. ^7(2<20&2E"0)",9<&%()("%/(+((20&"2P9E20/2"%?02(P%+<Z"26%&9%0'=Z"%("620&'="H0%(6'=9&)Z"?+0/&9%0'=02(P%+<H(2'KE%Y0Z"02(P%+<?"&91+2Z"E2B(2<<9%0Z"<+9/9E2" &&26B<-Z"2'&901"E9<%(E2(<Z"%("0&9<%/9'="H2, P9%("	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G R)\$(%27\$+*6\$(&'-/%,&,*-\$/%@"("a2"-"%&(%&.6\$%6"332,*-&#-\$7/%"@*-\$7/(&(%&.6\$%7.(\$\$.%+(2#7X%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H R)\$(%(\$*)\$+%.(\$).@\$.-%&(%&(%+)*,\$%="&2.%%5(&=3\$@%Z*.6%"3,&6&3%&(%+(2#%27/%)\$*.6\$%('(&@%"%5647",*"-Q&.6\$%5(".*&-\$%&(%"-%&(#"-*B".*&-.6.%"77*7.7%.6&7\$%Z6%&6")\$%"-%3,&6&3%&(%+(2#%5(&=3\$@X%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I O"+%E,\$77\$)\$%Z\$#6.%#*-%&(%3&77%,\$\$.34X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J A2"\$(\$+%,6\$7.5%*-/%Z6\$B*-%#76&(-.77%&'%=(\$"6/(&(%(""-*-%\$5*7&+\$7X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K A2"\$(\$+%,6(&-*%+*((6\$%)&@*.-#/%"=+&@*"-3%5*-%/(&(%&-7.*5".*&-X%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L RE6*=\$+%,6(&*,%7<-%&+*.*&-7%8\$:#:/%7\$)\$(\$%)-,\$%,\$B\$@"/%57&(*"7*79X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M A2"\$(\$+Z\$"<-\$77%&'-%\$2(&3&#,"3%&(%@27,23"(7<\$3\$."3%747.\$@X%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N O"+%"-4%+*\$."4%(\$7.(.*&-7X%?%4\$7/75\$,"4%"+%&.&.\$)\$"7&-%8@%\$+*,3/(\$3*#&27/5\$7&-"3%6&*,9C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
/(Ç)μv•Á CEz •()E Çoo Ç(Çμ •š]}v v ii Uoo o •E %oo -]E %oo š v}vrU] o] šVCE Ç CE •šCE] š]}v•• %&(")+(-.\$+/01\$)0.23#50,(2/0415.4'5.4 '+/672β9.)\$3#(\$*.,\$)2'.S:."+/(2/.')2*. ,<\$.),\$(./=.%o Z Ç •]] v			
+2<&9%0\$:#/,%D\$9%&+(2"0E"<2P2(9&)"%?E9<%(E2(Z'E9'10%<9Z"(2+20)"%?"&&/K<Z"B(%10%<9Z"0E"&(2'&620&"		F&2<"0E"E+(&)	

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82/89%0"G-1;" V2E9/' =O9<8%() & -.' 690' 89%0

UA">OE9/' &2'2' ("Y, 20"&, 2" BB-9/' O&," ' E"&, 2"7%=%Y901'902/89%+<"E9<2' <2<"L%("9OE9/' &2"&, ' &," 2"90("<, 2" ' <"O%&M;			
;\$"73\$78(2=\$83"9%	; 2@57%	O\$5" :.7%	M6&&5"-#% &2#6#5\$ (.277"79"
<input type="checkbox"/> M&K&%" <input type="checkbox"/> L\$7/%\$"(%bbbbbbbbbb%	<input type="checkbox"/> M&K&%" <input type="checkbox"/> L\$7/%\$"(%bbbbbbbbbb%	<input type="checkbox"/> M&K&%" <input type="checkbox"/> L\$7/%\$"(%bbbbbb%	<input type="checkbox"/> M&K&%" <input type="checkbox"/> L\$7/%\$"(%bbbbbbbbbb%
W2=\$33"8T\$(@"- %@\$"73\$79"	N6", <\$-9E &E%	A, "(3\$.%\$)\$(\$%	Y.6\$(C% <input type="checkbox"/> M&K&%"
<input type="checkbox"/> M&K&%" <input type="checkbox"/> L\$7/%\$"(%bbbbbbbbbbbb%	<input type="checkbox"/> M&K&%" <input type="checkbox"/> L\$7/%\$"(%bbbbbbbbbb%	<input type="checkbox"/> M&K&%" <input type="checkbox"/> L\$7/%\$"(%bbbbbb%	If Yes, explain:

XA >66+09' 89%0">O?%(6' 89%0
 Please provide or confirm a copy of the student's original immunization record(s) in addition to completing this information section. (See Section C-2.)

5, 2" BB-9/' O&," ' <"H220'966+09'2E" ' 1' 90<8"&, 2"7%=%Y901'E9<2' <2<"	F' &2"7"966+09' 89%0" (clearly state the dates of ALL doses received – YYYY-MM-DD) Immunizations are a prerequisite to school attendance in many locations. The host country, host Rotary district and/or school may require additional immunizations						
	I ¹	I ²	T ¹	U ¹	X ¹	# ¹	— ¹
F9B, &, 2(9' "							
S, %B901"/%+1, "8! (.277"79"							
52&' 0+<"							
\$+H2= "8T\$(@"- %@\$"73\$79"							
V+6B<"							
V2' <2<"L(+H2%=' M"							
7%-9%"8A" = "-0c%&(%&(\$%Y! ' /% A"3<0d%&(%&(\$%!" ' 9"							
Q2B' 888-<"J"							
O&, 2(<"875\$, **49C%							
: EE989%0' ="/%6620&<:"							
J-%E"5)B2"L: 7"J": J%"("KM"							

#A"5+H2(/+=%<9<"</(220901;"5, 2" BB-9/' O&6 +<8"B(2<20&2P9E20/2"0%?(2/20&LY% 90T"6%0&, <M"V' O&+ .C77F"<K90"&2<8A"
 >" .S%&'97, (\$\$ -"-#%LLLLL0; ; 0>>9% _____ W\$723.0+""#-&7"7C% _____ :9%"%+""'\$(\$-\$.%7.Z"7'+@"-7.\$(\$+&(%6\$%'553", "-.%(,\$)\$+%"%SNT%)", , "-\$/%
 53\$"7\$%\$E53""-#@\$.6&+7% -+%(\$".@\$.-7%27\$+%&%&=-. ""-97, (\$\$ -"-#%\$723.7C%

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82/89%0"G-1; V2E9/' ="Q9<&%() & -.' 690' &9%0

7. 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

Physical Examination

Height: (cm)	Weight: (kg)	Blood Pressure: Sys. Dia.	Pulse rate/minute:
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8. Does today's examination show any abnormal findings for:

Head and nec			
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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 additional 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 Rotary Youth Exchange program.
- Suffering from mental or medical condition(s) as noted in my report that could impact his/her participation.

Additionally, 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 address, phone, fax and <small>m#type or stamp</small>	Physician's Name (type or print)
	8910' &+ (2"8" -%#32\$%-<9 or electronic signature with date/time%
	Date (YYYY-MM-DD)

Parent and Applicant Declaration:

We/I hereby confirm:

- (1) that the Medical Section C and Dental Section D include ALL the medical information known to us/me. Incomplete Medical or Dental Sections may lead to an early termination of the exchange.
- (2) that the exchange student will be fully vaccinated according to the requirements of the receiving host country, host Rotary district or school.
- (3) that if additional medical issues arise between the completion of this application form and the exchange departure date, sponsor and host districts will be notified immediately.
- (4) I further authorize the Rotary Youth Exchange Officer, the Rotarian Counselor and/or the host parents to serve as my child's/my representative for the purpose of receiving medical information and communicating with medical providers about my child's/my medical condition.

Parent/Legal Guardian <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

This form permits either electronic or blue ink signatures. E-signatures are encouraged if possible. If not, it is better that all signatures be on paper (with blue ink). This would avoid the need for separate media to retain original signatures from the same page. Follow the RYE sponsor district instructions.

Letter(s) of explanation from treating physician(s), if any, and separate pages for any abnormal physical findings are to be appended following this page.