

International Youth Initiative Program

MEDICAL REPORT

This medical report needs to be completed by a qualified doctor, preferably the applicant's own physician. Please scan and include in your application. All information will be treated as confidential. PLEASE USE BLOCK LETTERS

Name of Applicant:

How long have you known the applicant

General state of physical health:

Height (in Centimeters)

General State of Mental Health

Weight (in kilograms)

Please give a brief relevant medical history (continue on separate sheet if necessary):

Does the applicant have a history of mental illness?

If yes please give a short description of diagnosis and treatment

Any physical illness or injury that would affect participation in YIP?

If yes, please give a short description of diagnosis and current treatment.

Is the applicant currently receiving treatment for any physical or mental conditions? If so, give details:

This person suffers from food allergies that necessitate a special diet.

If yes, please give details below.

This person suffers from allergies or a physical condition/disability that would necessitate special accommodation on campus.

If yes, please give details below.

Doctors Name, telephone and address

Signature, date and stamp