



Mutual Friends Student Exchange, Inc

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Student Medical History Form

STUDENT NAME:		BIRTH DATE:	
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The Student Medical History Form is to be completed and signed by the parent(s)/guardian(s) of the prospective student. It is to portray the student's health and emotional history accurately so that any necessary accommodations can be planned in advance.

Note: Failure to accurately represent the student's medical, psychological, behavioral or emotional state will result in the student's dismissal from the Mutual Friends Student Exchange, Inc. Program.

STUDENT HEALTH HISTORY

Explanation of YES answers

Accident	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Anxiety, fears, phobias	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Behavioral problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Convulsion or seizure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dental/orthodontic problem	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dieting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eating disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eye problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heart murmur	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hospitalization	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Kidney problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Measles/mumps/rubella	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Menstrual problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Mental/emotional disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Psychological/Psychiatric problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Psychotherapy/hospitalization or counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sleep disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sprains/broken bones	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Substance abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Suicide/self-abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
surgery/operation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Current Accommodations, Treatments & Medications

Is the student currently under the care of a doctor? (Explain all YES answers below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any special accommodations expected for the student due to medical or emotional conditions or phobias?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it expected that the student might require counseling or psychotropic medication ¹ ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any activities in which the student should not participate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student fully able to maintain control of his/her behavior (for example computer use)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the student come with any medications or preparations ² ? (List all, explain why & how it is to be used)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parents should be advised that psychotropic medications, such as medications for hyperactivity, anxiety, depression, etc. are under extreme regulation in the United States. It is a violation of U.S. law to be in possession of any medications requiring a doctor's prescription without such a prescription – this includes virtually every psychotropic drug. Further, there are tight limits on the amounts of such medications that one can legally possess even with a prescription. These medications should not be sent along with a student, under any circumstance, without prior knowledge of Mutual Friends Student Exchange, Inc.

Note 1:

Additionally, parents should be aware that it is very unlikely that an American doctor will prescribe such medications to a student. Rather, most American doctors will require psychotherapy and refer the student to a psychiatrist. This will not be covered by the student's health insurance, as it will be treated as a pre-existing condition. Mutual Friends will not be liable for these additional costs. Further, participation in ongoing counseling with a psychotherapist would constitute an extraneous need for which Mutual Friends would require additional financial compensation.

Mutual Friends requires full disclosure of all medications, preparations, substances, etc. in the possession of any student participating in our program. This includes: any medicines – liquid or pill, vitamins, topical creams or solutions, pain patches, dietary supplements, muscle-builders, energy drinks etc.

Note 2:

Parents should be aware that, in some cases, medications that can be obtained over-the-counter in other countries require a doctor's prescription for legal possession in the United States. Further, it is a violation of our student code of conduct and grounds for dismissal from the Mutual Friends program for a student to be in possession of any such substance, whether prescribed by a doctor in his/her home country or not, without the knowledge of the agency and host parents.

Such medications and substances should not accompany students to the United States for participation in the Mutual Friends Student Exchange Program unless absolutely necessary. All such substances that will be sent with the student should be listed in the space provided above along with dosage instructions and reason why the preparation is necessary for the student to use.

I/we the undersigned parent(s)/guardian(s) of the student named herein acknowledge that failure to truthfully and totally disclose all requested information and to remain in compliance with U.S. law and Mutual Friends Student Exchange, Inc. policies could result in the dismissal of the student from the MFSE program.

Signature of Father or Legal Guardian

Date

Signature of Mother or Legal Guardian

Date