



Pan Atlantic Foundation
6. Health Addendum

Student Name:

Please fill out this form ONLY if the student has a recent and/or ongoing health condition. Examples: serious allergies, recent surgery, diseases, recent illness, mental conditions, etc.

List name of illness or health condition:

When was the student diagnosed with the condition?

What are the specific symptoms of the student's condition?

How will the condition affect the student's daily life outside of their home country? Does the student monitor his/her condition independently?

What treatments/medicines are currently prescribed to the student for this condition?



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Student Initials _____

During the exchange program, will the student require ongoing medical treatment for this condition?

Will the student need to take medication for this condition while in the US? If yes, will they bring medication with them or need to acquire a prescription in the US?

What special accommodations would be requested of the host family to ensure student's health and safety?

Please share any additional information you find helpful or pertinent regarding this student's condition:



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I, the undersigned, have reviewed the medical history of the applicant and given a thorough physical examination, certify that all important medical information has been noted on this form and that nothing relevant has been omitted, and state that I am not a family relation of the applicant examined.

Physician's Name (printed): _____

Physician's Signature: _____

Physician's Address: _____

Date (mm/dd/yyyy): _____

By signing this form, I/we understand that my/our son/daughter/ward may be dismissed from the Pan Atlantic High School in America Exchange program, should the health condition detailed above pose a health risk to my/our son/daughter/ward. I/we understand and agree the decision for my/our son/daughter/ward to be dismissed will be determined by Pan Atlantic staff and representatives, and I/we will not dispute the decision to dismiss my/our son/daughter/ward.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date (mm/dd/yyyy): _____