

# VISITING YOUTH APPLICATION

## Medical Information

Name and Address of Medical Insurance Company \_\_\_\_\_

**Health Certificate – To be filled out by Doctor (This need not be sent with application form)**

Name (as on passport) \_\_\_\_\_  Male  Female

Address \_\_\_\_\_  
*Street City State Zip Code*

Date of Birth (Month/Day/Year) \_\_\_\_\_

• State of health: \_\_\_\_\_

• Physical or mental challenges, if any: \_\_\_\_\_

• Allergies: \_\_\_\_\_

• Medications: \_\_\_\_\_

• Allergies to medication: \_\_\_\_\_

• Past medical history: \_\_\_\_\_

Are you up to date on all vaccinations?  Yes  No Date of last vaccination: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Doctor's Address \_\_\_\_\_  
*Street City State Zip Code*

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_