



OPENING DOORS TO THE WORLD SINCE 1980!

• CULTURAL HOMESTAY INTERNATIONAL •

A NON-PROFIT EDUCATIONAL EXCHANGE PROGRAM

104 BUTTERFIELD ROAD, SAN ANSELMO, CA 94960



# CHI AU PAIR USA APPLICATION FORM

## CHECK LIST:

Please check the boxes for each item once they have been completed. Submit your application form only when all the required information is completed. **Incomplete applications will not be accepted.**

- Complete Application form (pages 1-12)  
*Please use black ink and clearly PRINT (no cursive)*  
*Submit at least 1 character reference and at least 2 childcare references. In order to be considered as infant care qualified, at least 200 hours of the childcare experience need to be with children under the age of 2. Relatives do not qualify as references.*
- Au Pair Promise and Agreement  
*Signed and dated. Please read it carefully!*
- Smiling Picture  
*Please send a JPEG picture of yourself to your agency which can be used as your profile picture. The photo should be of good quality, you should be smiling and directly looking in the camera. Preferably you should be with a child. Please remember that this picture will be the first impression the host family gets of you!*
- Dear Host Family letter (use no less than one page of A4 paper)  
*Write a letter to a potential American host family to tell them about yourself. Mention all your child-related experience and your family background. Don't forget to mention why you want to be an au pair and what qualities you have to offer. Give as much detail as possible so the host family gets a good sense of your personality. Your letter can have an creative layout but should still be readable and of good quality. This is one way of promoting yourself to the host family.*
- Photo Album  
*At least 2 pages of a plain A4 paper: affix personal photographs that best represent your personality. It is highly recommended to include photos of you taking care of and/ or playing with children. You can also include photographs of your family, home, and community. Be sure to write a brief description next to each photo. Your photo album should be creative and of good quality. This is one way of promoting yourself to the host family.*
- CHI AU PAIR USA Interview Report  
*To be completed and signed by an interviewer at your local au pair agency.*
- SCORE SHEET FOR THE PSYCHOMETRIC TEST- Booream Flowers – Au Pair Selection Test  
*CHI's Partner Agent will administer this test and include the evaluation with your application.*
- STRUCTURED INTERVIEW- Booream Flowers – Au Pair Selection Test  
*CHI's Partner Agent will administer this test and include the evaluation with your application.*
- Cultural Essay / Video Presentation (optional )  
*You can write on a separate sheet of paper an essay explaining why participating in an Au Pair program is significant to inter-cultural understanding. You can talk about your culture and country and explain how you would like to share it with your host family. You can illustrate by attaching pictures and using artwork. You can also make a video presentation of yourself to talk about your culture and your childcare experience.*
- Security/Criminal Background Check  
*Certified document with a legal English translation. You can obtain it from the appropriate police agency in your home country.*
- Proof of Secondary School / High School Graduation  
*Certified document with a legal English translation attached.*
- Copy of your valid passport  
*Please make a copy of your passport including: complete name, picture, passport ID number, date of birth, city of birth, issuing country and expiration date.*
- Copy of your driver's license  
*Please include an English translation.*
- Certifications (optional)  
*Include copies of any childcare, safety and/or teaching certifications. Please include the English translations of the certifications.*

CHI USE ONLY App. Received date:

CHI code:

AP first and last name:

# PERSONAL AND CONTACT INFORMATION



## PERSONAL DETAILS



Smiling picture  
(1.5x1.5inches /3.8cmx3.8cm)

First name (as written in passport): \_\_\_\_\_

Middle name (as written in passport): \_\_\_\_\_

Last name (as written in passport): \_\_\_\_\_

Full Postal Address: \_\_\_\_\_  
street house/apartment #

\_\_\_\_\_ city postal code country

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_  
month day year

Sex:  Female  Male

Passport No: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

Country passport issued in: \_\_\_\_\_

City Of Birth: \_\_\_\_\_

## CONTACT INFORMATION *(where you can be contacted by a potential host family)*

Home phone: 011 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Best time to call (your time zone): \_\_\_\_\_  
Country code area code local number

Mobile: 011 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Best time to call (your time zone): \_\_\_\_\_  
Country code area code local number

Skype: \_\_\_\_\_ Best time to call (your time zone): \_\_\_\_\_

What phone is the best one to contact you?

Home  Mobile  Skype

E-mail address (print clearly): \_\_\_\_\_

Alternative e-mail address: \_\_\_\_\_

How often do you check your e-mail?  Daily  Weekly  Rarely

## AVAILABILITY

Earliest available date: \_\_\_\_ / \_\_\_\_ Latest Available date: \_\_\_\_ / \_\_\_\_  
month year month year

Preferred City of Departure: \_\_\_\_\_

Please note CHI only flies from designated international gateway airports. Please check with your agency which is the closest designated airport to your town.

## EMERGENCY CONTACT *(English Speaking)*

Contact name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: 011 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Country code area code local number

CHI USE ONLY App. Received date: \_\_\_\_\_

CHI code: \_\_\_\_\_

AP first and last name: \_\_\_\_\_



Au Pair's First Name (as written in passport): \_\_\_\_\_

Au Pair's Last Name (as written in passport): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Sex:  Female  Male

### **FAMILY BACKGROUND**

How many brothers and sisters do you have? \_\_\_\_\_ What language is spoken at home? \_\_\_\_\_

Do you live with your parents?  Yes  No

### **EDUCATIONAL BACKGROUND**

What is your current occupation? *Please check all that apply.*

Secondary Student  University Student  Employed as: \_\_\_\_\_  Unemployed

If you are or were a student, what was your major? \_\_\_\_\_

Name of Institution: \_\_\_\_\_

High School Attended: \_\_\_\_\_

Concentrated Subject: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

### **LANGUAGE SKILLS**

How many years have you studied English? \_\_\_\_\_

How do you rate your English skills?:  Fair  Good  Very Good  Fluent

Are you currently enrolled in an English class?:  Yes  No

If yes, name of institution: \_\_\_\_\_

Other languages spoken: \_\_\_\_\_

Level:  Fair  Good  Very Good  Fluent

Other languages spoken: \_\_\_\_\_

Level:  Fair  Good  Very Good  Fluent

### **EMPLOYMENT HISTORY**

Other than childcare, please describe any work experience/practical training.

1. Employer name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Positions and duties: \_\_\_\_\_

2. Employer name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Positions and duties: \_\_\_\_\_

3. Employer name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Positions and duties: \_\_\_\_\_

## DRIVING EXPERIENCE



When did you start learning to drive? Month \_\_\_\_ Year \_\_\_\_

When did you get your permanent driver's license? Month \_\_\_\_ Year \_\_\_\_ Expiration date: Month \_\_\_\_ Year \_\_\_\_

If you don't have a permanent driver's license, when do you plan to receive it? \_\_\_\_\_

- How often do you drive?  
 every day  3-5 times per week  1-2 times per week  less than once a week
- Where do you usually drive?  
 city streets (busy roads)  highway  countryside

Whose car do you normally drive?  your own  family car  other: \_\_\_\_\_

What size of car do you drive?  car  SUV  van  truck

- Do you have experience driving:  
 Automatic transmission  Manual transmission  Both

Have you ever driven in snow?  Yes  No

Have you ever been in a traffic accident in which you were at fault?  Yes  No

If yes, please describe: \_\_\_\_\_

Do you have experience driving with children in the car?:  Yes  No Comments: \_\_\_\_\_

Would you feel comfortable driving with children in the car in the USA?  Yes  No Comments: \_\_\_\_\_

Please attach a copy of your VALID driver's license with English translation

NOTE: It is highly recommended that all the Au Pairs obtain an international driver's license before arriving in the US as many families require this. Please check with your host family prior to your arrival to the US whether a IDL will be needed.

## PROGRAM RULES: DRIVING IN THE U.S.

Please read the following rules carefully.

- 1) All Au Pair applicants are required to have a valid driver's license upon applying to the program.
- 2) All Au Pair applicants are expected to have adequate and safe driving experience and skills.
- 3) As an Au Pair program participant, driving, in general, and driving the host family automobile is a privilege. It should not be assumed the Au Pair has free access to driving and to an automobile.
- 4) The Host Family determines the Au Pair's accessibility and frequency of driving an automobile.
- 5) The Host Family's specific expectation and rules regarding the Au Pair's driving privileges are indicated in the Au Pair and Host Family Agreement form.
- 6) Upon the Au Pair's arrival, the Au Pair will be asked to demonstrate his/her driving skills, and the Host Family will determine the Au Pair's ability to drive.
- 7) Should the Host Family determine the Au Pair's driving ability is not adequate and/or lacks the skills necessary to handle driving conditions in the host community (i.e. freeway, winding roads etc.), the Au Pair is responsible to enroll and pay for appropriate driving lessons. The Host Family or CHI is not obligated to pay for any driving classes.
- 8) An Au Pair, who has been determined to lack driving abilities, is required to enroll in driving classes immediately. An Au Pair who delays to enroll and/or refuses to take a driving course will be immediately dismissed from the program.
- 9) Any driving lessons/courses cannot be applied toward the Educational Component.

I have read and agreed to the program driving rules as outlined above.

Au Pair Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL INFORMATION:



Have you ever traveled outside your Country?  Yes  No  
If yes where, how long, purpose: \_\_\_\_\_

Have you ever been to the US before?  Yes  No  
If yes where, how long, purpose: \_\_\_\_\_

Have you ever participated on any J-1 visa program?  Yes  No  
If yes, what program? \_\_\_\_\_ Dates from: \_\_\_\_\_ to: \_\_\_\_\_

Have you ever lived away from your family?  Yes  No  
Reason: \_\_\_\_\_ How Long: \_\_\_\_\_

Do you smoke?  Yes  No  
If yes, do you smoke:  Regularly  Occasional/Social smoker  
If yes, you understand and agree to the Host Family's rule regarding smoking?  Yes  No

Do you drink alcoholic beverages?  Yes  No  
If yes, do you drink:  Regularly  Occasional/Social drinker  
If yes, you understand and agree to the Host Family's rule regarding drinking?  Yes  No

What is your religion? \_\_\_\_\_

Do you attend religious services?  weekly  monthly  occasionally  Special Holiday  Never

Are you willing to be placed in a family of a different religion than your own?  Yes  No  
Comments: \_\_\_\_\_

Are you afraid of, or are you allergic to?  cats  dogs  birds  other: \_\_\_\_\_

Are you willing to be placed in a family with pets?  Yes  No

Do you have any other allergies?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Do you follow a specific diet?  Yes  No  
If yes, indicate:  vegetarian  kosher  other \_\_\_\_\_

Are you willing to be placed in a family with a different diet than your own?  Yes  No  
Comments: \_\_\_\_\_

Do you have any piercings?  Yes  No Please Specify \_\_\_\_\_

Do you have any tattoos?  Yes  No Please Specify \_\_\_\_\_

Can you swim?  Yes  No  
Level:  Beginner  Intermediate  Advance

Would you feel comfortable being responsible for children in the pool or on the beach?  
 Yes  No Comments: \_\_\_\_\_

## YOUR INTERESTS AND HOBBIES



Please indicate at least 5 activities that you like to do in your free time:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

What musical instrument, if any, do you play? \_\_\_\_\_

What kind of sport, if any, do you do? \_\_\_\_\_

Do you enjoy outdoors activities (camping, hiking, biking..)?  Yes  No

If yes, please describe: \_\_\_\_\_

### **SPECIAL QUALITIES**

Have you ever held any leadership positions as a teacher, instructor, camp counselor?  Yes  No

If yes please describe: \_\_\_\_\_

Do you have any training and/ or certificates for the following?:

- First Aid     CPR     Lifeguard     Childcare Provider     Teaching

### **YOUR REASON TO BECOME AN AU PAIR**

Other than spending time with children; why do you want to participate in an Au Pair program?

*Please select 3 reasons from the following by indicating 1 as being the most important and 3 the least important.*

- \_\_\_ improve my English Language skills
- \_\_\_ live abroad in a family environment
- \_\_\_ learn more about the culture and traditions of the US
- \_\_\_ share the culture and traditions of my own country with an American family
- \_\_\_ earn money while living abroad
- \_\_\_ achieve independence from my family
- \_\_\_ to have the opportunity to study in the US
- \_\_\_ other      comments: \_\_\_\_\_

How do you imagine your Host Family and children? \_\_\_\_\_

When you return to your home country at the end of the program, what do you plan to do? \_\_\_\_\_

What does your family think about your decision of becoming an Au Pair? \_\_\_\_\_

# AGE GROUP EXPERIENCE AND PREFERENCES



## CHILD CARE AGE GROUP

On the left side of the table below, please check the age groups with whom you have experience working. On the right side, please check the age groups with whom you would like to work.

Experience	Age group	Preferred
	Under 1 year old	
	Under 2 years old	
	2-5 years old	
	5-10 years old	
	Over 10 years old	

Are you comfortable working with infants :  Yes  No

Note: The U.S. Department of State regulations require that Au Pair caring for children under the age of two (2) years, must have at least 200 verifiable hours of experience and/or training with children less than two years of age. Please indicate your infant care experience in the "Childcare Experience" section of this application.

Do you have experience working with children who have:

- Learning disabilities
- Autism
- Attention Deficit Disorder
- Down Syndrome
- Other special needs or medical concern \_\_\_\_\_

If yes, please describe what type of special needs and your duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MATCHING INFORMATION:

Are you willing to take care of more than one child at the same time?  Yes  No Maximum Number: \_\_\_\_\_

Are you comfortable taking care of?  Twins  Triplets

Are you willing to be placed in a:

- Single mom family
- Single dad family
- Same sex family
- Working from home parents

## DO YOU KNOW HOW TO:

Prepare a baby's bottle?  Yes  No

Feed a baby with a bottle?  Yes  No

Change diaper?  Yes  No

Burp a baby?  Yes  No

Describes the type of activities you would plan for these age groups:

Under 1 y.o.: \_\_\_\_\_

Between 1-2 y.o.: \_\_\_\_\_

2-5 y.o.: \_\_\_\_\_

5-10 y.o.: \_\_\_\_\_

10+ y.o.: \_\_\_\_\_

# CHILDCARE EXPERIENCE



Please indicate your childcare experience by listing the youngest child first.  
Remember to indicate the age of the child(ren) when you started caring for them.

PLEASE BE SURE THE EXPERIENCE YOU LIST ON THIS PAGE MATCHES THE NAMES ON  
THE CHARACTER & CHILDCARE REFERENCE FORMS ON PAGES 10-13

*NOTE: The U.S. Department of State regulations require that Au Pairs caring for children under the age of two (2) years must have at least 200 verifiable hours of experience and/or training with children less than two years of age. Since many of our Host Families have children under the age of two, please provide documentation of your experience or training to enable you to be considered and placed with one of these families.*

## EXPERIENCE #1

Name of child/children: \_\_\_\_\_ Number of children: \_\_\_\_\_

Ages: \_\_\_\_\_ Dates from: \_\_\_\_\_ (month/year) to: \_\_\_\_\_ (month/year) Total hours of care: \_\_\_\_\_

Name of contact person to verify experience: \_\_\_\_\_

Type of childcare experience:

Babysitting  Day Care  Youth Group  Au Pair  Tutoring  Teaching  Other: \_\_\_\_\_

How often:  Daily  Weekly  Monthly

Responsibilities:  Cooking/feeding  Bathing  Changing diapers  
 Games  Walking  Transport/pickup to/from school

Other: \_\_\_\_\_

## EXPERIENCE #2

Name of child/children: \_\_\_\_\_ Number of children: \_\_\_\_\_

Ages: \_\_\_\_\_ Dates from: \_\_\_\_\_ (month/year) to: \_\_\_\_\_ (month/year) Total hours of care: \_\_\_\_\_

Name of contact person to verify experience: \_\_\_\_\_

Type of childcare experience:

Babysitting  Day Care  Youth Group  Au Pair  Tutoring  Teaching  Other: \_\_\_\_\_

How often:  Daily  Weekly  Monthly

Responsibilities:  Cooking/feeding  Bathing  Changing diapers  
 Games  Walking  Transport/pickup to/from school

Other: \_\_\_\_\_

## EXPERIENCE #3

Name of child/children: \_\_\_\_\_ Number of children: \_\_\_\_\_

Ages: \_\_\_\_\_ Dates from: \_\_\_\_\_ (month/year) to: \_\_\_\_\_ (month/year) Total hours of care: \_\_\_\_\_

Name of contact person to verify experience: \_\_\_\_\_

Type of childcare experience:

Babysitting  Day Care  Youth Group  Au Pair  Tutoring  Teaching  Other: \_\_\_\_\_

How often:  Daily  Weekly  Monthly

Responsibilities:  Cooking/feeding  Bathing  Changing diapers  
 Games  Walking  Transport/pickup to/from school

Other: \_\_\_\_\_

## EXPERIENCE #4

Name of child/children: \_\_\_\_\_ Number of children: \_\_\_\_\_

Ages: \_\_\_\_\_ Dates from: \_\_\_\_\_ (month/year) to: \_\_\_\_\_ (month/year) Total hours of care: \_\_\_\_\_

Name of contact person to verify experience: \_\_\_\_\_

Type of childcare experience:

Babysitting  Day Care  Youth Group  Au Pair  Tutoring  Teaching  Other: \_\_\_\_\_

How often:  Daily  Weekly  Monthly

Responsibilities:  Cooking/feeding  Bathing  Changing diapers  
 Games  Walking  Transport/pickup to/from school

Other: \_\_\_\_\_



# CHARACTER REFERENCE



Family members or relatives may not complete this form

The person named below has applied to the Au Pair program in the US; please answer the following as honestly and completely as possible. Your answers will be a useful guides to determinate an appropriate placement with an American host family. Please let us know if you have any hesitation with recommending this candidate as a child care provider. CHI Au Pair USA highly recommends that the character reference be completed by a teacher or supervisor.

Name of the applicant: \_\_\_\_\_

How do you know the applicant (employer, neighbor, teacher)? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How would you describe the applicant's personality and character? \_\_\_\_\_

Please give your opinion of the applicant's ability to handle new situations and possible stress, culture shock: \_\_\_\_\_

What could you tell to the Host Family about the applicant to prepare them for his/her arrival? \_\_\_\_\_

Please explain why the applicant is or is not well-suited for the role of an au pair: \_\_\_\_\_

Please provide any additional information about the applicant which would be helpful to a prospective family: \_\_\_\_\_

Please rate the applicant's qualities in the following areas: 1= low; 2 =fair; 3=good; 4= excellent; 5= superior

\_\_\_ Love for children

\_\_\_ Maturity

\_\_\_ Independence

\_\_\_ Patience

\_\_\_ Punctuality

\_\_\_ Ability to handle emergencies

\_\_\_ Ability to carry out instructions

\_\_\_ Honesty

\_\_\_ Enthusiasm/Humor

Name of the reference: \_\_\_\_\_

Profession: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: 011 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Best time to call (your time zone): \_\_\_\_\_  
*Country code area code local number*

Mobile: 011 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Best time to call (your time zone): \_\_\_\_\_  
*Country code area code local number*

CHI Au Pair USA or a Host Family may wish to telephone you to discuss this reference.

Do you speak English?  Yes  No

Signature of the referee: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by partner Agent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# CHILD CARE REFERENCE



This form is to be completed by a child care or infant care referee (employer). Infant Care refers to the care of children under the age of two years old. **Relatives may not complete this form.**

The person named below has applied to the Au Pair program in the US; please answer the following as honestly and completely as possible. Your answers will be a useful guides to determinate an appropriate placement with an American host family. Please let us know if you have any hesitation with recommending this candidate as a child care provider.

Name of the applicant: \_\_\_\_\_

How do you know the applicant (employer, neighbor, teacher)? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Has the applicant lived with your family?  Yes  No

The applicant has:  Taken care of my children  Been supervised by me  
 Has been working together with me when working with children  Other

The applicant took care of the children from: month \_\_\_\_\_ year \_\_\_\_\_ to month \_\_\_\_\_ year \_\_\_\_\_  Ongoing

Did the applicant take care of any children under the age of 2?  Yes  No

Please indicate the name, age of the children the applicant cared for and the total hours:

Name of children (if it's a group please write # of children)	Age of the children when started	Age of the children when stopped	Total number of hours caring for children under the age of two	Total number of hours provided

Please list 5 of the applicants main duties: \_\_\_\_\_

Describe any special skills and abilities the applicant showed: \_\_\_\_\_

Please give your opinion of the applicant's ability to handle new situations and possible stress, culture: \_\_\_\_\_

Are you aware of any circumstances in the applicant's background which would cause concerns when caring directly for children? \_\_\_\_\_

Please provide any additional information about the applicant which would be helpful to a prospective family: \_\_\_\_\_

\_\_\_ Please rate the applicant's qualities in the following areas: 1= low; 2 =fair; 3=good; 4= excellent; 5= superior

\_\_\_ Love for children                      \_\_\_ Maturity                      \_\_\_ Independence  
\_\_\_ Patience                                \_\_\_ Punctuality                    \_\_\_ Ability to handle emergencies  
\_\_\_ Ability to carry out instructions    \_\_\_ Honesty                        \_\_\_ Enthusiasm/Humor

Name of the referee: \_\_\_\_\_

Profession: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: 011 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Best time to call (your time zone): \_\_\_\_\_  
Country code area code local number

Mobile: 011 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Best time to call (your time zone): \_\_\_\_\_  
Country code area code local number

CHI Au Pair USA or a representative may wish to telephone you to discuss this reference.

Do you speak English?  Yes  No

Signature of the referee: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by partner Agent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# PHYSICIAN'S STATEMENT OF HEALTH



**THIS PAGE MUST BE COMPLETED AND CONFIRMED BY THE EXAMINING PHYSICIAN. PLEASE ANSWER ALL QUESTIONS.**

Name of patient: \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Male

Female

Does the patient have any of the following? If yes, give date of illness and detailed information regarding any impairment in the space provided below.

	Yes	No	Year		Yes	No	Year
Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>		Allergies*	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>		Asthma*	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>		Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>		Cough (persistent, recurring)	<input type="checkbox"/>	<input type="checkbox"/>	
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>		Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>		Enuresis	<input type="checkbox"/>	<input type="checkbox"/>	
Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>		Thyroid abnormality (Struma)	<input type="checkbox"/>	<input type="checkbox"/>	
Malaria	<input type="checkbox"/>	<input type="checkbox"/>		Headache (persistent, recurring)	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>		Hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Parasites (intestinal, other)	<input type="checkbox"/>	<input type="checkbox"/>		Learning or Speech Defect	<input type="checkbox"/>	<input type="checkbox"/>	
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>		Vertigo, Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	
Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>		Other (please indicate) _____	<input type="checkbox"/>	<input type="checkbox"/>	

*\* If yes, physician must attach statement describing allergy, allergen, medication sensitivity, symptoms, treatment, medications and expected future treatment.*

Any disease, impairment or abnormality of any of the following:

	Yes	No	Year		Yes	No	Year
Abdominal Organs, Digestive System	<input type="checkbox"/>	<input type="checkbox"/>		Eyes or Vision	<input type="checkbox"/>	<input type="checkbox"/>	
Bones, Joints, Locomotor System	<input type="checkbox"/>	<input type="checkbox"/>		Genito-Urinary System	<input type="checkbox"/>	<input type="checkbox"/>	
Blood, Endocrine System	<input type="checkbox"/>	<input type="checkbox"/>		Heart or Blood Vessels	<input type="checkbox"/>	<input type="checkbox"/>	
Brain, Nervous System	<input type="checkbox"/>	<input type="checkbox"/>		Lungs, Respiratory System	<input type="checkbox"/>	<input type="checkbox"/>	
Ears or Hearing	<input type="checkbox"/>	<input type="checkbox"/>		Skin (Acne, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>		Tonsils, Nose or Throat	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional/Behavioral Problems	<input type="checkbox"/>	<input type="checkbox"/>		Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	

Will patient be using any prescription drugs/medication while in the U.S. ?  Yes  No

Has patient ever been hospitalized?  Yes  No

Has patient ever consulted a neurologist?  Yes  No

Has patient ever consulted a psychologist?  Yes  No

Has patient ever consulted any other kind of specialist?  Yes  No

If yes, to any of the above, please give details in English: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MEDICAL INFORMATION AND IMMUNIZATION RECORD



Name of patient: \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Give your opinion of the general state of the candidate's health:**

Excellent       Good       Fair       Poor

Blood group:     A     B     AB     O

Rh factor:       Rh positive     Rh negative

If the patient wears glasses or contact lenses, please complete the following ophthalmic information:

	Sphere	Cylinder	Axis	Prism	Base
(OD) Ocular Dexter					
(OS) Ocular Sinister					

**CURRENT T.B. EXAMINATION**

*Must have been completed within the last three (3) years.*

B.C.G. Vaccination (mo/year): \_\_\_\_ / \_\_\_\_

*If BCG Vaccination given, chest X-ray results must be provided.*

TB Skin Test Date (mo/year): \_\_\_\_ / \_\_\_\_

Results:  Negative     Positive

*If positive, chest X-ray results must be provided.*

Subject: Results of Chest X-ray – examination date (mo/year): \_\_\_\_ / \_\_\_\_

**IMMUNIZATION**

Please put the date of the most recent booster. Important: for DT and Polio is mandatory every 10 years.

VACCINE	Most Recent Dose Given Month / Year
DTP and/or DT (Diphtheria, Tetanus and Pertussis) or (Whooping cough) or (Tetanus and Diphtheria only)	____ / ____
Polio Myelitis	____ / ____
Measles (Rubeola -10 days measles)	____ / ____
Rubella (German Measles – 3 day measles)	____ / ____
Mumps	____ / ____

I, the undersigned, have given a thorough physical examination and reviewed the medical history of the candidate and certify that all important medical information has been included and that the above information is accurate.

Physician's Name (type or print): \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Stamp or Physician's #: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_