



Health Information

Please answer the following questions (by ticking the appropriate boxes) so that we have a record of any health concerns. If you have a medical problem we will supply this information to New Zealand doctors. Relevant health information is given to the homestay parents. Untruthful information will jeopardise your programme participation.

1. Immunisation

Please provide a copy of your scanned immunisation record. You must have valid immunisation against polio, Tetanus, Pertussis, Diphtheria, Mumps, Measles, Rubella and Hepatitis A & B.

2. Health History

Have you had any of these medical problems?

Asthma

Diabetes

Heart Problems

Allergies

Epilepsy

Eating Disorder

Serious Illness

If you have indicated any of the above disorders please give details below. You may have to supply a medical report.

3. Do you have problems with either of the following?

Ears/Hearing

Eyesight/Vision (excluding glasses)

If you have ticked either of these boxes give details below:

4. Are you allergic to any medication? Yes / No

If yes please explain:

5. Are you on any long term medication? Yes / No

If yes please state what:

6. Have you ever had any mental health problems or eating disorders? Yes / No

If yes please state what

7. Does the student have any other medical problems?

Parent One Signature

Date

Parent One Full Name

Parent Two Signature

Date

Parent Two Full Name