

# High School Exchange Student Medical Form

## Student Information

Full Name

Date of Birth

Gender

Nationality

## Emergency Contact

Contact Name

Relationship

Phone

Email

## Medical History

Allergies

Current Medications

Chronic/Serious Health Conditions

Past Surgeries or Hospitalizations

## Immunizations

List of Immunizations (with dates)

## Physician Information

Physician Name

Physician Phone

Physician Address

## Insurance

Insurance Company

Policy Number

Insurance Phone

## Authorization

Parent/Guardian Authorization & Signature

Date