



QUINCY College  
Prep Program

2021-2022

**DUE DATE:**

\_\_\_\_\_

Return the completed application and one copy to the AMIDEAST office.

**INSTRUCTIONS:**

**Note to student:** Please read all of the instructions carefully before you start to fill out this application. Specific instructions for each form are located at the top of the form, and additional instructions are located on the last page of this application.

**You must complete every section on each form in this application, and return the completed application by the due date. If you do not return the completed application by the due date, your application will not be considered.**

- Write your name at the top of each form where indicated.
- Complete all forms in English only.
- Complete all forms using BLACK ink.



DO NOT WRITE IN THIS SECTION

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**OFFICIAL  
 USE  
 ONLY**

**FORM 1**

APPLICATION COVER SHEET

**STUDENT INFORMATION**

LAST (FAMILY) NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE NAME, IF ANY: \_\_\_\_\_

GENDER (CIRCLE ONE): MALE FEMALE AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

MONTH (CIRCLE ONE)

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

CITY OF RESIDENCE: \_\_\_\_\_

COUNTRY OF RESIDENCE: \_\_\_\_\_

CITIZENSHIP(S): \_\_\_\_\_

IF MORE THAN ONE, LIST ALL.

**SCHOOL INFORMATION**

SCHOOL CITY: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

Class (circle one): 8 9 10 11 12 Other: \_\_\_\_\_

**QUESTIONS FOR PARTICIPANTS**

Is school transcript included?  Yes  No

Is Form M (Student Health Certificate) included?  Yes  No

Is TOEFL / IELTS score included?  Yes  No

Are passport size photos included?  Yes  No

Have you participated in the English Access Microscholarship Program?  Yes  No

**This Application is FREE OF CHARGE**











2021-2022

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# FORM 4

RECOMMENDATION FROM TEACHER

STUDENT FIRST NAME: \_\_\_\_\_

School city: \_\_\_\_\_ School name: \_\_\_\_\_

Current class (circle one): 8 9 10 11 12 Other: \_\_\_\_\_

## INSTRUCTIONS

**TO STUDENT:** Complete the information at the top of this form. Ask one of your teachers, who knows you well, to complete this form. If you cannot choose a teacher, you may choose a school director or a teacher from a school you recently attended. This recommendation **MUST** be filled out in **English** and returned with your application.

**IF THE RECOMMENDER KNOWS ENGLISH:**

- Give him/her Form 4.
- Ask the recommender to follow the directions below.

**IF THE RECOMMENDER DOES NOT KNOW ENGLISH:**

- Provide him/her with the instructions and questions translated into the recommender's native language.
- Have the recommender's answers translated into English on to Form 4.
- The translator must complete section 4.9.
- **Both the Form 4 and the answers in the local language (if the original is not in English) must be returned with the application.**

**TO RECOMMENDER:** Please answer the questions and sign this document. Your answers to the questions on this form will be evaluated along with the student's own application materials to determine his/her suitability for this scholarship program. Therefore, we ask you to answer each question honestly, carefully and completely. Return the completed form to the student, who will attach it as part of the application. This form must be filled out in English and have the school stamp.

4.1 Please describe this student's behavior. How does the student respond to authority? How does he/she relate to peers and participate in group projects with other students? What talents, interests and skills does this student have that will contribute to an international exchange experience? Please give examples.

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

4.2 Please comment on the student's motivation in school and study habits.

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

4.3 Please evaluate the student's character in the following categories (check the appropriate boxes):

Personality Traits	Excellent	Above Average	Average	Below Average
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adapt to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interact with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of English (if known)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2021-2022

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**FORM 4**  
RECOMMENDATION  
FROM TEACHER

STUDENT FIRST NAME: \_\_\_\_\_

- 4.4 a. Has the student had any adjustment or disciplinary problems at school?  Yes  No
- 4.4 b. Has the student missed or repeated a year?  Yes  No
- 4.4 c. Does the student have a history of continuous or frequent absences from school?  Yes  No
- 4.4 d. Does the student currently have any special educational needs?  Yes  No

If you answered "yes" to any question, please explain: \_\_\_\_\_  
\_\_\_\_\_

4.5 How long have you known this student? Years: \_\_\_\_\_

4.6 In what context do you know this student? \_\_\_\_\_

4.7 Are you a teacher at the student's high school?  Yes  No If no, explain: \_\_\_\_\_  
\_\_\_\_\_

4.8 Check one of the following and explain below:

- I feel this applicant is ready to become an exchange student.
- I have some reservations about this applicant's readiness to become an exchange student.
- I do not recommend this applicant.

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDER**

Name of recommender: \_\_\_\_\_  
last name first name middle name

Position of recommender: \_\_\_\_\_

Place of work: \_\_\_\_\_ Country: \_\_\_\_\_

Region: \_\_\_\_\_ City/Town: \_\_\_\_\_

**SCHOOL STAMP (if no stamp, please explain):**



SIGNATURE OF RECOMMENDER: \_\_\_\_\_ Date: \_\_\_\_\_

**TRANSLATOR'S STATEMENT**

4.9 This section must be filled out by the translator if the original recommendation is not in English.  
I hereby certify that the above English translation is a true and accurate rendering of the original text.

Name of translator: \_\_\_\_\_  
last name first name middle name

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

2021-2022

**STUDENT NAME:**  
(in native language)

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Two empty boxes for student identification numbers.

last name

first name

middle name

# FORM 5

## BIOGRAPHICAL INFORMATION

### STUDENT INFORMATION

Last (Family) name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name, if any: \_\_\_\_\_

Gender (circle one): Male Female Age: \_\_\_\_\_

Date of birth: Day \_\_\_\_\_ Year \_\_\_\_\_

Month (circle one): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

City of birth: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Citizenship(s): \_\_\_\_\_  
If more than one, list all.

Email: \_\_\_\_\_

Are you a U.S. citizen, permanent resident or Green Card holder?  
 Yes  No

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Region (if any): \_\_\_\_\_

District (if any): \_\_\_\_\_

City/Town: \_\_\_\_\_

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

Home phone (include city code): \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Other phone number where you can be contacted: \_\_\_\_\_

Whose phone is this: \_\_\_\_\_

Relationship to you:  Friend  Relative  Other

Have you (or your parents) ever applied to emigrate to the U.S.?  
 Yes  No

### FAMILY CONTACT INFORMATION

#### MOTHER (or legal guardian)

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Work phone (include city code): \_\_\_\_\_

Home phone (include city code): \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Country: \_\_\_\_\_ Postal code: \_\_\_\_\_

Region (if any): \_\_\_\_\_

District (if any): \_\_\_\_\_

City/Town: \_\_\_\_\_

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

Email: \_\_\_\_\_

Citizenship(s): \_\_\_\_\_  
If more than one, list all.

#### FATHER (or legal guardian)

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Work phone (include city code): \_\_\_\_\_

Home phone (include city code): \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Country: \_\_\_\_\_ Postal code: \_\_\_\_\_

Region (if any): \_\_\_\_\_

District (if any): \_\_\_\_\_

City/Town: \_\_\_\_\_

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

Email: \_\_\_\_\_

Citizenship(s): \_\_\_\_\_  
If more than one, list all.

### SCHOOL INFORMATION Is this a boarding school at which you live? Yes No

School city: \_\_\_\_\_

Class (circle one): 8 9 10 11 12 Other: \_\_\_\_\_

School telephone (city code and number): \_\_\_\_\_

School name or number: \_\_\_\_\_

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

Postal code: \_\_\_\_\_



**STUDENT NAME:** \_\_\_\_\_  
last name first name middle name

### INSTRUCTIONS

Please fill out this form truthfully and completely. **This information is not used during the selection process, so your answers to these questions do not affect your chances of being selected.**

**1. Describe a typical (normal, not special) day in your life.**

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**1.1 Have you ever been to the U.S.?**  Yes  No If yes, when? \_\_\_\_\_  
How long did you stay? \_\_\_\_\_

**1.2 Have you ever lived in or traveled to other countries?**  Yes  No If yes, when and where?  
\_\_\_\_\_

**1.3 What are your household responsibilities?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1.4 How much time do you spend on average studying at home each day?** \_\_\_\_\_ hours each day

**1.5 Have you ever lived away from home?**  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**1.6 Check the box that best describes the community where you live:**  urban  suburban  small town  rural area

**1.7 What is the approximate population of your community?** \_\_\_\_\_ **2**

**Language Study:** How many years have you studied English? \_\_\_\_\_

**2.1** At what age did you begin to study English?  
\_\_\_\_\_

**2.1** What language(s) do you speak at school and home?  
\_\_\_\_\_

**2.2** What other languages do you know? Please list and indicate your SPEAKING ability in each language.

Language: \_\_\_\_\_ Years studied \_\_\_\_\_  Poor  Fair  Good  Excellent  
Language: \_\_\_\_\_ Years studied \_\_\_\_\_  Poor  Fair  Good  Excellent  
Language: \_\_\_\_\_ Years studied \_\_\_\_\_  Poor  Fair  Good  Excellent

**3 Future Plans:** Do you intend to continue your education upon completion of secondary school?  Yes  No

**3.1** If yes, what do you intend to study? \_\_\_\_\_  
\_\_\_\_\_

**3.2** What are your future job or career plans? \_\_\_\_\_  
\_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
last name first name middle name

4. About your family. Who lives in your home? (indicate all that apply)

- Father or;
- Stepfather or;
- Legal Guardian

name age occupation

Grandfather name age occupation

Brothers name age occupation

name age occupation

Others name age relationship to you

name age relationship to you

- Mother or;
- Stepmother or;
- Legal Guardian

name age occupation

Grandmother name age occupation

Sisters name age occupation

name age occupation

Others name age relationship to you

name age relationship to you

4.1 Parent(s) is:  married  separated  divorced  single  widowed

If divorced/widowed:  mother remarried  father remarried

4.2 Do you have family members or friends in the U.S.?  Yes  No If yes, explain: \_\_\_\_\_

5 Can you swim?  Yes  No

6 Do you have allergies?  Yes  No If yes, please explain (examples food allergies, grass, pollen, medicines, dogs, cats, etc.):

7 Will you bring any medication or supplements with you?  Yes  No

If yes, please give the name of the medication or supplement and indicate what it is for, how it is taken, etc. \_\_\_\_\_

8 Do you have a condition that will require routine medical care or monitoring in the U.S.?  Yes  No

If yes, describe type and frequency: \_\_\_\_\_

9 Do you have any dietary restrictions for health, religious or other reasons?  Yes  No

If yes, please explain which foods you cannot or do not eat: \_\_\_\_\_

**REQUIRED** For all applicants: Halal meats (chicken, beef, lamb, etc.) are often expensive and difficult to find in U.S. communities, where most meat is not slaughtered in compliance with Islamic dietary guidelines. I understand that I will not eat pork while in the U.S., but in the event that halal meats (chicken, beef, lamb, etc) I may have no choice. **I understand I may need to keep a vegetarian diet while in the U.S. if halal meat is not available.**



\_\_\_\_\_ Student signature (indicating understanding of this statement)

10 Do you smoke?  Yes  No

**REQUIRED** For all applicants: Whether or not you smoke you will not be allowed to smoke while on the program in the U.S. I understand that there are laws restricting smoking me from tobacco products. **I agree to honor these laws and/or restrictions.**



\_\_\_\_\_ Student signature (indicating understanding of this statement)



STUDENT NAME: \_\_\_\_\_  
last name first name middle name

**INSTRUCTIONS:** Carefully review this important information with your parents. This form must be signed by you and one of your parents indicating you agree to the terms and conditions of participating in the program. Return the form to your program office with your application. Your parents should keep a copy of this document for their reference.

### A. PURPOSE

The Quincy College Prep Program ("the Program"), funded by the United States Government, promotes college preparation, and provides opportunities for academic development through a summer program hosted by an American college or university. The Program is implemented by the U.S. Department of State. While in the United States, students will be in the care of that identify and arrange host families and schools, and provide support and guidance for participants during the exchange Program. Participants attend an American college, learn about the United States, increase their sensitivity to cultural differences and similarities, and develop a deepened awareness of shared human values and interests. The Program, consistent with its commitment to mutual understanding between the people of the United States and people of other countries, encourages cul-tural diversity in the selection of Program participants. Participants are required to return to their home country after their Program, where they are expected to share their experiences in the United States.

### B. PARENT AGREEMENT General Program Policies

- We give our child permission to participate in this Program. We and our child will obey the policies described in the Program Handbook. We understand that the original English-language version of this document represents the final authoritative wording of all policies and guidelines.
- We understand that if we or any other immediate family member has applied at any time to emigrate to the United States or if we or any other immediate adult family member (whether estranged or not) is a U.S. citizen or green card holder, it may impact negatively on our child's final selection for the Program.
- We understand that if another member of our family will be living in the U.S. at the same time our child would be on Program, it may affect his/her eligibility for the Program.
- We acknowledge that our child has not stayed in the United States for more than ninety (90) days in total during the past five (5) years.
- We understand that our child must meet the Program eligibility requirements, be a citizen of the country in which s/he is applying, and be able to obtain a passport from his/her country of citizenship and any visa required by the United States.
- Participants in an exchange visitor program funded by the U.S. Government are required, under Section 212(e) of the Immigration and Nationality Act, to reside in their home country for a minimum of (2) two years after completing their exchange program in the United States, before they are eligible for an immigrant visa, U.S. permanent residence, or a non immigrant H or L visa.
- We understand that we may not visit our child during his or her participation in the Program.
- We understand that if our child is selected to receive a scholarship, final acceptance will depend on fulfillment of the medical, placement, and academic requirements of the Program Organization.
- We agree to release and discharge Program representatives; school representatives; as well as the United States Department of State and its employees, agents, and instrumentalities, from any legal liability, claim, or demand in connection with:
  - any emergency, accident, illness, injury or other consequences or events arising from the actions or participation of our child in the Program, and
  - any cause, event or occurrence beyond the control of AMIDEAST office or the Department of State, including, but not limited to, natural disasters, war, terrorism, civil disturbances, and the negligence of parties not subject to the control of AMIDEAST office.
  - any actions or negligence of commercial airlines, trains, buses, restaurants, hotels, and other entities engaged for travel-related services, including, but not limited to, lost baggage, uncomfortable accommodations, and travel delays.

### Travel Policies

- We agree that our child will travel to and from the United States in strict accordance with the travel plans made by the Program.
- We will not encourage or permit our child to travel outside the host community during his or her participation in the Program except in strict accordance with the following requirements:
  - If our child desires to travel outside the host community our child must first obtain written approval for such travel from AMIDEAST. For international travel this includes authorization to do so on the Form DS-2019.
  - If our child desires to travel outside the host community unaccompanied by school official, or other responsible adult, our child must obtain prior written approval for such travel from the AMIDEAST and us, the child's parents or guardians. For international travel this includes authorization to do so on the Form DS-2019.
- We understand that our child will be responsible for paying any fees incurred for carrying baggage in excess of the baggage limits set by the airlines used for Program travel. We understand that this provision applies to both international and domestic travel within both the United States and our country.
- We understand that in making travel arrangements for our child, the AMIDEAST office contract with or use commercial airlines, trains, buses, restaurants, hotels, and other entities whose performance and services cannot be controlled by the Program. We agree that the AMIDEAST office reserve the right to change or alter travel, lodging or other arrangements if they believe such change or alteration to be in the best interest of the participants or the Program.
- We understand that our child must return home at the end of the Program on the date assigned by the responsible AMIDEAST office. Changes to the assigned departure date will not be made to accommodate graduation, prom or other special school or family events that occur after the assigned date. We understand and agree that the U.S. visa issued to our child will not be amended or extended beyond the Program end date. No exceptions will be made to this policy.

### School Placement

- We authorize the Placement Organizations, employees, and representatives to change the place of residence or school designated for our child when they believe such change to be in our child's best interest. We understand that we will be notified of any such changes.
- We recognize that schools in the United States may impose academic standards or other requirements in determining grade level placement that differ from those imposed by the school our child now attends. We acknowledge and accept that participation in the Program does not guarantee credit or graduation from the school our child now attends or from the U.S. school he or she will attend while participating in the Program. We understand that it is our responsibility to arrange with the school our child now attends to receive credit or to take exams upon completion of the Program; or to arrange for permission for academic absence from any institute or university to be attended upon return.
- We are aware that the United States is a multi-racial, multi-ethnic country providing a diversity of possible living experiences and that there is no single living experience that is typical. We understand that placements are made on the basis of criteria designed to determine suitability of host families, and the Program does not illegally discriminate on the basis of race, disability, religion, gender, or ethnic origin, either with respect to students or to host families.
- We understand that there are strict laws restricting smoking in the United States and that the host family may have objections to smoking in their home. We agree to honor all U.S. laws and host family restrictions.

### Health/Medical Issues

- We confirm that the information stated in the Student Health Certificate is accurate and contains no material omissions of which we are aware. **We understand that omitting information on the Student Health Certificate could endanger the health of our child and may be grounds for dismissal from the Program.** We will immediately inform the AMIDEAST office of any change in information given. We understand that any physical or mental health condition requiring a significant and sustained level of care or monitoring of our child may require reconsideration of my child's participation in the Program. In the event our child has a recurrence of any previous illness or anything contracted before leaving home or in the United States that is not covered by insurance provided by the Program, we authorize the AMIDEAST office to release our child to our care in our country. We will not hold the AMIDEAST office and their employees and agents; host families; Program representatives; school representatives; as well as the United States Department of State and its employees, agents, and instrumentalities responsible for any debts incurred in connection with this permission. We understand that treatment will be provided for injuries sustained by our child while on Program but the extent of coverage is subject to the Program's insurance provider's rules and policies.
- We confirm that we have provided a full and complete medical and immunization history for our child. We understand that U.S. schools require immunizations, and we agree to allow the Program to arrange for all immunizations required for our child. We understand that such immunizations will be administered according to U.S. medical standards and at no expense to us or our child.
- As the applicant's parents or guardians, we agree to and authorize AMIDEAST, its personnel and representatives, to act for us in any emergency, accident, or illness.

### Termination from the Program

- We understand that our child may be dismissed from the program for behavior that the AMIDEAST office, with the concurrence of the U.S. Department of State, consider inappropriate or detrimental to our child or to the program. Inappropriate or detrimental behavior may include, but is not limited to, violating host family or school rules, academic under-performance, or failure to participate in program activities. It may also include inappropriate sexual behavior, including but not limited to the viewing and sharing of sexually explicit material, verbal or physical harassment, and/or any violation of U.S. law.
- We agree that if we violate any provision of this Agreement, or if our child, during his/her stay in the United States, does any of the following, then it may be determined that our child has voluntarily withdrawn from the Program:
  - is absent without authorization from the host school or the place of residence designated by the Placement Organization; or
  - has misrepresented him or herself in the Program application.
- If our child voluntarily withdraws, or is dismissed from the Program at any time after departure from our country, we understand that his/her scholarship, Program status as a J-visa holder, and health insurance coverage are canceled.

### Declaration

- We have discussed the Program and this Agreement with our child, and each of us fully understands the obligations imposed on us.
- We confirm that all information provided in our child's application materials and this Agreement is truthful. **We understand that any misrepresentation or false answer in this application can be grounds for our child's termination from the Program.**

**SIGN** SIGNATURE OF A PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
last name first name middle name

### C. STUDENT AGREEMENT

I have read this Agreement and discussed with my parent(s) or guardians its terms and conditions. I agree with the purpose of the Program and fully accept all terms and conditions of this Agreement, and all other rules, regulations and conditions set forth concerning the Program. In particular I will do my best to become an integral part of my host school and community; will travel only in accordance with the Travel Policies Section of this Agreement; and will attend the school designated for me on a regular basis and complete all work to the best of my ability. I hereby certify that the information provided in all parts of this application is truthful. I understand that any misrepresentation or false answer can be grounds for my dismissal from this Program.

**SIGN** SIGNATURE OF STUDENT: \_\_\_\_\_

Date: \_\_\_\_\_

## POLICIES

The policies presented here are the general policies for students. Since variations regarding specific policies and procedures exist among Placement Organizations, it is important that you check with the representatives or office of your Placement Organization in the United States.

### PROGRAM ELIGIBILITY REQUIREMENTS

Applicants will be considered for participation in this Program if:

1. The applicant meets the Program age and grade (class) requirements for his or her country; and
2. The applicant is a citizen of the country in which he or she applies.

### GENERAL POLICIES

- **Internet:** Students are required to follow ALL RULES regarding use of computers, tablets, cell phones (including devices that belong to our child) and the Internet as determined by their academic programs. Students who place private (contact information, pictures, etc.) or other information on the Internet in violation of the rules established by AMIDEAST may be dismissed from the Program. These Placement Organization rules are intended to protect students' safety and are based on federal guidelines and laws governing what can and cannot be posted online. Violation of any of these rules may result in dismissal from the Program. Students also may be subject to prosecution for any violation of law. Students who in any way put the safety of themselves or others at risk by mis-using the Internet may be dismissed from the Program.
- **Dangerous/Risky Activities:** The following activities have been determined by most insurance companies to be too risky, and treatment for injuries sustained while participating in them is not likely to be covered by insurance: driving any motorized vehicle (such as a car, motorcycle, all-terrain vehicle, etc.), riding as a passenger in off-road vehicles or in a non-commercial aircraft, hang gliding, bungee jumping, jumping on a trampoline, parachute jumping, parasailing, scuba diving, piloting a private plane, mountain biking, mountaineering, rock climbing, skate boarding, extreme sports, handling or using a firearm or other weapon. Participants are not permitted to engage in any activities not covered by program insurance. In addition, participants are not permitted to engage in any activities prohibited by their Placement Organization, even if the activity is covered by insurance.
- **Driving:** Exchange students are not permitted to drive any motorized vehicle under any circumstances while participating in the Program in the United States. Violators of this policy will be considered for Program dismissal. This applies even if students are in possession of an International driver's license or if the host family feels that the student is a responsible and careful driver. Exceptions may be granted for farm equipment if allowed by the student's natural parents and Placement Organization. If authorized, the student must observe precautions regarding safety and legal limitations. Exchange students are not permitted to pilot any aircraft under any circumstances while participating in the Program.
- **Employment:** The J-1 visa permitting students to stay in the United States restricts employment. Program participants may seek only part-time, small jobs such as babysitting, yard clean-up, etc.
- **Marriage:** Married students are not permitted on the Program. If marriage occurs while the student is a participant or is discovered to have occurred prior to the student becoming a participant, the student will be considered for dismissal from the Program.
- **Pregnancy:** Male students who cause pregnancies must return home. If a program participant is discovered to be pregnant, she must return home.
- **Student expenses:** The Program provides travel arrangements, host family and school placements, allowances, and insurance. In addition, the Program provides the Form DS-2019 that is required to apply for a J-1 visa at a U.S. embassy or consulate. The Program is not responsible for additional student expenses beyond the incidentals allowance, monthly pocket allowance, and official Program activities and travel. The host family is responsible for three meals a day for the student and must provide EITHER lunch money OR a bag lunch. All other expenses, such as extra school fees or activities, social activities, personal and hygienic supplies, postage and telephone calls, are paid by the student using Program allowances.

### TRAVEL POLICIES

- **Return to home country at the end of the Program:** All students must return to their home country at the end of the program on the date assigned by the responsible office. Students will not be allowed to remain in the United States after their assigned return-travel date. Those who do not adhere to this may be reported to the Department of Homeland Security and will have their program insurance canceled.
- **Student travel:** Only authorized student travel is permitted. Authorized student travel must meet these three criteria:
  - a. AMIDEAST has knowledge of the student's location and approves the travel in advance, and/or the AMIDEAST have obtained the natural parents' or guardians' written permission for the travel;
  - b. The student's safety is assured to the greatest extent possible; and
  - c. The travel does not interfere with school attendance.
- **Visits with natural family, home country friends or relatives who live in the United States:** Such visits are strongly discouraged during the Program year, especially during the initial adjustment period. Such visits interrupt the continuity of the relationship with the host family and may diminish the exchange experience for the student and host family. Policies vary by Placement Organization.
- **Visits to the home country while on Program:** Such visits are not allowed. Exceptions may be made, contingent upon identification of a source of funding and Program approval, in the case of the death or imminent death of an immediate (mother, father, brother, sister) family member. An unauthorized visit will result in dismissal from the Program. Any requests for exceptions must be presented to AMIDEAST and approved by the U.S. Department of State.

### COLLEGE / UNIVERSITY PLACEMENT

- **School attendance:** All Program participants must attend their summer program and maintain a normal course of study. Non-attendance may result in consideration for Program dismissal or determining that the student has left the Program.
- **School performance:** Allowing for an initial period of adjustment, participants must achieve and maintain adequate academic results. After a reasonable period of time, poor motivation, under-achievement, or inappropriate behavior in combination with poor adjustment, may be cause for dismissal from the Program.
- **School expulsion:** If a student is expelled from school, it may result in Program dismissal.
- Students and natural parents cannot choose their host school or location of study.

### HEALTH/MEDICAL

- **Medical treatment of a student (including emergencies):** Before a student arrives in the United States, the Program must receive written permission from natural parents to obtain emergency medical attention if needed (see Permission for Care of My Child). Students will receive medical attention in case of an accident or emergency. The insurance provider is determined by AMIDEAST. Each insurance provider has specific policies and restrictions governing the types of expenses it will reimburse. Placement Organizations, their representatives and host families are not responsible for any medical bills not covered by insurance regardless of who signs the hospital admission form. The Program also is not responsible for any negative results because of medical treatment.

### ILLEGAL ACTIVITY

- Students may be subject to prosecution by the U.S. legal system and may be dismissed from the program if they engage in illegal activity, such as:
  - **Alcohol:** Participants are required to observe all U.S. laws with regard to the minimum drinking age. The minimum drinking age in the United States is 21.
  - **Drugs:** Participants may not possess or use drugs that are illegal in the United States.
  - **Theft or shoplifting**
  - **Any other activity that is against U.S. law or that results** in the participant being arrested or charged with a crime.

Neither the AMIDEAST office nor the Department of State is obligated to provide legal counsel, or defray representation expenses or fines of any sort, should a Participant be charged with any crime or do something that attracts the attention of law enforcement officials. In such cases, the participant is subject to all local, state, and federal laws.

### OTHER GROUNDS FOR TERMINATION

- **Leaving the Program early:** If the student is absent from the host school or other place to which the Program has assigned him or her, without obtaining the advance written approval of the Program, the Program may determine that the student has left the Program through his or her own voluntary action. In this case, the Program is absolved from all obligations, legal or otherwise, to the student or his/her parents or guardians for the student's current or future well-being. The Program will, if the circumstances warrant, work with the student to return to the Program. However, if this cannot be accomplished, a decision will be made that the separation from the Program is final, and the student will receive a letter from the Program sponsor indicating that the student has been reported to the Department of Homeland Security in the Student and Exchange Visitor Information System (SEVIS) database. The participant's medical insurance and health benefits will be canceled.
- **Unauthorized travel** may constitute termination from the Program. AMIDEAST in the United States determine authorization for travel.



**STUDENT NAME:** \_\_\_\_\_  
last name first name middle name

Privacy Information about candidates and participants of programs is required for AMIDEAST to administer the programs, to evaluate their quality and effectiveness, as well as to develop new projects.

AMIDEAST firmly adheres to the principle of confidentiality of information received from program candidates and participants and uses the information in accordance with this Privacy Policy Statement. The principles stated herein are binding only on AMIDEAST; other organizations involved in the administration of these programs may adhere to other privacy or similar policies.

## 1. CONTENT AND MEANS OF COMPILING INFORMATION

Information about program candidates and past and current participants consists of data contained in their applications, information derived from interviews with them, as well as information gathered in the course of the program relating to the administration of the program and academic achievement. This information, in addition to contact information, education, professional experience and information on the place and nature of work, and position of participants may also include other personal information.

AMIDEAST stores this information in written and electronic form. Some information, such as contact information is continually updated so that representatives of QUINCY program organizations can remain in contact with program participants in order to offer supplemental information about new programs and projects as well as to obtain the participants' evaluation of the effectiveness of programs.

## 2. USE OF INFORMATION

Information, which is compiled as described above, may be:

- Used by qualified selection committees and interviewers to review the candidacy of applicants to the program;
- Supplied to the program's funding organization;
- Submitted to potential host schools, universities, or hosting organizations and/or organizations which provide internship opportunities to arrange placement in an academic, training, or internship program;
- Used for the evaluation of an individual's participation in the program and adherence to norms and rules established by the program;
- Used for notifying past program participants of upcoming events and about new programs and projects they may participate in;
- Used in the collection of data for program evaluation purposes;
- Provided to funding agencies or organizations contracted by AMIDEAST to conduct program evaluations;
- Provided to participants and alumni of this and other U.S. government-sponsored programs for the purpose of fostering alumni networking;
- Provided to non-commercial organizations for the purposes promoting professional development among program alumni.

Information about individuals—program candidates and participants—may also be used by AMIDEAST, funding agencies, and their representatives for the purpose of statistical and evaluative research of the programs. Information analyzed for these purposes may be published only as aggregate statistical data. Personal data are not subject to publication, except for contact information and information related to the U.S. academic or professional program (such as placement location: school, university, etc., or hosting organization; field of study and research topic), to subsequent involvement in alumni programming (such as participation in events for alumni and the small grant programs) as well as information provided to Quincy program organizations by the participant or alumnus/na (unless the participant or alumnus/na expressly prohibits publication of said material).

Student Name: \_\_\_\_\_ Country/City of Residence: \_\_\_\_\_  
Last Name First Name Middle Name

**SIGN** **SIGNATURE OF STUDENT:** \_\_\_\_\_ Date: \_\_\_\_\_

I hereby agree to the terms of the collection, use, updating (changing, renewal), cross-border sending and retention (and any and all other uses as stipulated in Forms I-11) of the personal information in this application, additionally including the processing of special personal information dealing with religious persuasion, health condition, and personal and family life, concerning my son/daughter with the purpose, covered in the Privacy Policy Statement, of using the information for the period of the program, for statistical and evaluation purposes of the program. This agreement can be rescinded by me in writing.

Student's Parent or Legal Guardian \_\_\_\_\_ Country/City of Residence: \_\_\_\_\_  
(please print): Last Name First Name Middle Name

**SIGN** **SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

2021-2022



# FORM 9

## PERMISSION FOR CARE OF MY CHILD

**STUDENT NAME:** \_\_\_\_\_  
last name first name middle name

### STUDENT INFORMATION

**STUDENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **SEX:** M F  
last name first name middle name (day/month/year) (circle one)

**Fill out the information in the lines above. Have your parent or legal guardian sign the statement for permission for care. Return this document as part of your completed application by the due date shown on FORM 1.**

### PERMISSION FOR CARE (STATEMENT TO BE SIGNED BY YOUR PARENT)

My son/daughter has my permission to take part in the Quincy College Prep program. As the applicant's parent or legal guardian, I authorize the participating organization to act for me in any emergency, accident, illness or need for immunization. I will not hold the organization responsible for the results of any treatment in said emergency, accident, illness or need for immunization. In the event my son/daughter has a recurrence of any previous illness or anything contracted before leaving home, I, the undersigned authorize the participating organization to release my child to my care in my country. I will not hold the organization responsible for any debts incurred in connection with this permission.

I give permission to the physician selected by the program to order x-rays, routine tests and treatment related to the health of my child for both routine healthcare and in emergency situations. I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or emergency surgery for my child. I also understand that AMIDEAST will make every effort to contact me in any such case.

In addition, I agree that providers who treat my child may release medical or other legal records of my son/daughter in the U.S. to AMIDEAST program representatives and may talk to program representatives about my child's health status. I give permission to photocopy this form.

**PRINT NAME OF A PARENT OR LEGAL GUARDIAN:** \_\_\_\_\_  
last name first name middle name

**RELATIONSHIP TO STUDENT:** \_\_\_\_\_

**SIGN** SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_ Date: \_\_\_\_\_  
(day/month/year)



## PARTICIPANT CONSENT AND RELEASE FORM

**STUDENT NAME:** \_\_\_\_\_  
last name first name middle name

In connection with the Quincy College Prep program, I hereby authorize the U.S. Department of State and its program implementing partners to photograph, film, or otherwise record and use my image and/or voice in connection with related public information programs and activities.

Additionally, I hereby authorize the U.S. Department of State and its implementing partners to release, publish, or quote such material, including my name, in connection with related public information programs and activities.

With respect to this material, I understand that content may be included in future speeches, on the Internet, and through multiple broadcast channels and print media (which may include use by U.S. Embassies abroad to promote U.S. Department of State exchange programs and public diplomacy efforts) but that such content will not be used for commercial purposes.

**I understand that I may decline to give my consent and still continue to participate in all exchange program activities without being disadvantaged with respect to those activities.**

Yes  No **As a Quincy College Prep program participant, I grant the above consents and authorizations.**



Participant's Signature

Date

Printed Name

Email Address

Participant's Home City and Country

Yes  No **As the parent or legal guardian of the Quincy College Prep program participant, I grant the above consents and authorizations on behalf of my minor child or ward.**



Parent's/Guardian's Signature

Date

Printed Name

Email Address

TC 

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# FORM M

## STUDENT HEALTH CERTIFICATE

**INSTRUCTION TO THE STUDENT and NATURAL PARENTS**

It is important that this form be filled out completely and accurately. THIS FORM MUST BE FILLED OUT IN ENGLISH.  
 Complete PART A. Your physician must complete PART B, and your dentist must complete PART C. When all parts are completed, return this document as part of your application by the due date shown on FORM 1.

**PART A. To be completed by parent or legal guardian**

I understand that the program does not cover costs associated with pre-existing conditions, dental work (including maintenance of orthodonture), or glasses. Students and natural parents are solely responsible for these costs. If my child wears glasses and/or contact lenses I certify that s/he will bring an adequate supply with a current prescription for the program year. If dental work required for my child is not completed before s/he departs for the U.S., I understand that I am responsible for any costs related to said dental work in the U.S.

By signing this I acknowledge that I have read and understand the points above. I also certify that the information in this form is accurate and discloses all medications and conditions that I am aware of.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_|\_\_\_\_|\_\_\_\_ Sex (circle one): M F  
last name first name middle name DD MM YY

Parent's Name: \_\_\_\_\_  
last name first name middle name

**SIGN** SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_|\_\_\_\_|\_\_\_\_  
DD MM YY

**PART B. MEDICAL CERTIFICATION: To be completed by the student's doctor.**

**1. MEDICAL HISTORY.** Has the student ever received treatment, attention, or advice from a physician or other practitioner for, or been told by a physician or practitioner, that s/he had (check yes or no);

	YES	NO		YES	NO
1.1 Asthma	<input type="checkbox"/>	<input type="checkbox"/>	1.19 Cancer or Leukemia	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Chronic or Recurrent Respiratory Disease	<input type="checkbox"/>	<input type="checkbox"/>	1.20 Eye Abnormality or Disease	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	1.21 Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>
1.4 Disease or Abnormality of the Heart	<input type="checkbox"/>	<input type="checkbox"/>	1.22 Anorexia/Bulimia	<input type="checkbox"/>	<input type="checkbox"/>
1.5 High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	1.23 Abnormal Weight Loss or Weight Gain	<input type="checkbox"/>	<input type="checkbox"/>
1.6 Chronic or Recurrent Upper Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	1.24 Psychiatric Problem or Illness	<input type="checkbox"/>	<input type="checkbox"/>
1.7 Chronic or Recurrent Lower Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	1.25 Mental Health Concerns	<input type="checkbox"/>	<input type="checkbox"/>
1.8 Enuresis (Bed wetting)	<input type="checkbox"/>	<input type="checkbox"/>	1.26 Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>
1.9 Chronic or Recurrent Kidney or Urinary Tract Disease	<input type="checkbox"/>	<input type="checkbox"/>	1.27 Reproductive System Abnormality or Disease	<input type="checkbox"/>	<input type="checkbox"/>
1.10 Persistent or Recurrent Headache	<input type="checkbox"/>	<input type="checkbox"/>	1.28 Sexually Transmitted Diseases	<input type="checkbox"/>	<input type="checkbox"/>
1.11 Seizure Disorder (Epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>	1.29 Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
1.12 Other Neurological Abnormality or Disease	<input type="checkbox"/>	<input type="checkbox"/>	1.30 Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>
1.13 Thyroid Abnormality or Disease	<input type="checkbox"/>	<input type="checkbox"/>	1.31 Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
1.14 Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	1.32 Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>
1.15 Other Endocrine Abnormality or Disease	<input type="checkbox"/>	<input type="checkbox"/>	1.33 Measles	<input type="checkbox"/>	<input type="checkbox"/>
1.16 Chronic or Recurrent Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	1.34 Mumps	<input type="checkbox"/>	<input type="checkbox"/>
1.17 Muscle Disease or Skeletal Abnormality	<input type="checkbox"/>	<input type="checkbox"/>	1.35 Rubella	<input type="checkbox"/>	<input type="checkbox"/>
1.18 Chronic or Recurrent Skin Condition	<input type="checkbox"/>	<input type="checkbox"/>	1.36 Malaria	<input type="checkbox"/>	<input type="checkbox"/>
			1.37 Other Childhood Diseases	<input type="checkbox"/>	<input type="checkbox"/>

Item No.	Date of most recent symptoms or attack	If yes, is each condition: • resolved • active If yes, <b>PROVIDE:</b> • diagnosis • date of diagnosis • duration of condition • severity and frequency of condition • treatment and medication plan • how does it affect the patient's daily life? <b>USE ADDITIONAL PAPER IF NECESSARY</b>
Example 1.4	June 2019	Active: Mitral valve prolapse, dx 2018, no strenuous sports but does not impact daily life. Needs yearly examination by cardiologist.



**STUDENT NAME:** \_\_\_\_\_  
 last name first name middle name

**2. IMMUNIZATION RECORD:** An accurate and complete record will be required for the student to enter school in the U.S. All students must meet minimum U.S. school immunization requirements for Diphtheria, Tetanus, Pertussis, Poliomyelitis, Measles, Mumps, and Rubella. Record all dates (DAY/MONTH/YEAR) for all doses of the following vaccines that the student has received since birth.

**2.1 IS THERE A MEDICAL REASON THE STUDENT CANNOT RECEIVE ADDITIONAL IMMUNIZATIONS IF REQUIRED BY A U.S. SCHOOL?**  Yes  No

**Student's date of birth:**

If yes, explain: \_\_\_\_\_

DD MM YY

\*\*\* REQUIRED BY QUINCY PROGRAM \*\*\*

\*\*\* REQUIRED BY U.S. SCHOOLS \*\*\*

	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5
<b>2.2</b> Diphtheria, Tetanus, and Pertussis (DTaP, DTP)	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY
<b>2.3</b> Tdap (All students must receive a Pertussis vaccination AFTER October 1, 2011)	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY				
<b>2.4</b> Diphtheria and Tetanus (Td, Dt, TD)	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY
<b>2.5</b> Poliomyelitis (All students must receive at least 4 doses. At least one dose must be given after age 4. Doses given before 6 weeks of age are invalid)	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	
	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	
<b>2.6</b> Measles/Mumps/Rubella (MMR), <b>combination vaccine only</b> • any dose invalid if given before age 1 • If student received individual mumps, measles, or rubella doses indicate them in sections 2.13 - 2.16	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY		
<b>2.7a</b> Varicella	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY			
<b>OR</b>					
<b>2.7b</b> Varicella History	Contracted Disease? YES <input type="checkbox"/> NO <input type="checkbox"/>		<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY		
<b>2.8</b> Hepatitis A	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY			
<b>2.9</b> Hepatitis B	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY		
<b>2.10</b> Combination Hepatitis A and B	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	
<b>2.11</b> Meningococcal (Conjugate or Serogroup B)	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY		
<b>2.12</b> Tuberculosis (BCG)	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY			
<b>2.13</b> Additional doses or other vaccinations NAME: _____	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	
<b>2.14</b> Additional doses or other vaccinations NAME: _____	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	
<b>2.15</b> Additional doses or other vaccinations NAME: _____	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	
<b>2.16</b> Additional doses or other vaccinations NAME: _____	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	<span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> DD MM YY	

**STUDENT NAME:** \_\_\_\_\_  
last name first name middle name

**3. SCREENING FOR PULMONARY TUBERCULOSIS:** In order to enter school in the U.S., it is required that the student be screened for tuberculosis.

**3.1 TESTING:** TB testing can be EITHER a Skin Test OR a Blood Test performed after September 1, 2019.

**OPTION 1: TB Skin Test**

Results (Mantoux, PPD) must be read 48-72 hours after placement\*

<b>Date Placed:</b>	DD MM YY
<b>Date Read:</b>	DD MM YY
<b># mm Induration:</b>	_____ millimeters

\*If the skin test result is 10mm or greater, provide the results of a current chest X-ray in #3.2 below.

**OPTION 2: TB Blood Test**

Results of QuantiFERON®-TB Gold or T-SPOT® TB test\*\*

<b>Check one:</b>	<input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Positive <input type="checkbox"/> Borderline
<b>Date of Test:</b> (attach lab report)	DD MM YY

\*\* If the blood test result is positive, indeterminate or borderline, provide the results of a current chest X-ray in #3.2 below.

**3.2 CHEST X-RAY: A chest X-ray is necessary if:**

- a) the skin test result is 10mm or greater -OR- b) the blood test result was positive, indeterminate or borderline;

The date of the normal chest X-ray must be on or after the date of the skin or blood test. Provide the results below:

Chest X-ray result (check one):  Normal (-)  Abnormal (+)      Date of X-ray: DD MM YY

**4. SYMPTOM REVIEW (mandatory):** Does the student currently have any of the following symptoms (check yes or no for each symptom)?

- 4.1 Persistent cough for more than two weeks:  Yes  No      4.2 Fever or night sweats:  Yes  No      4.3 Lymph gland enlargement:  Yes  No      4.4 Bloody sputum:  Yes  No      4.5 Recent or unexplained weight loss:  Yes  No      4.6 Sharp chest pain when coughing:  Yes  No

**4.7 If yes to any symptoms, a chest x-ray taken after the date of the TB skin or blood test must be provided below:**

Chest X-ray result (check one):  Normal (-)  Abnormal (+)      Date of X-ray: DD MM YY

**5. PHYSICAL EXAMINATION:** Complete the following section based on your physical examination of the student.

**Date of Examination:** DD MM YY      **Height (meters):** \_\_\_\_\_      **Weight (kilograms):** \_\_\_\_\_

**Blood Pressure:** (systolic) \_\_\_\_\_ (diastolic) \_\_\_\_\_      **Pulse**(beats per minute): \_\_\_\_\_

**PHYSICAL EXAM. At the current time,** is there any abnormality of (check Yes or No for each question)?

	YES	NO		YES	NO
5.1 Eyes	<input type="checkbox"/>	<input type="checkbox"/>	5.8 Urinary System	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Ears	<input type="checkbox"/>	<input type="checkbox"/>	5.9 Thyroid Gland or Endocrine System	<input type="checkbox"/>	<input type="checkbox"/>
5.3 Nose or Throat	<input type="checkbox"/>	<input type="checkbox"/>	5.10 Reproductive System	<input type="checkbox"/>	<input type="checkbox"/>
5.4 Lungs or Respiratory System	<input type="checkbox"/>	<input type="checkbox"/>	5.11 Musculoskeletal System	<input type="checkbox"/>	<input type="checkbox"/>
5.5 Heart or Cardiovascular System	<input type="checkbox"/>	<input type="checkbox"/>	5.12 Brain or Nervous System	<input type="checkbox"/>	<input type="checkbox"/>
5.6 Abdomen or Abdominal Organs	<input type="checkbox"/>	<input type="checkbox"/>	5.13 Skin	<input type="checkbox"/>	<input type="checkbox"/>

5.7 I certify that the student can participate in school sports: YES  NO  If no, explain: \_\_\_\_\_

Item	If yes, PROVIDE: • diagnosis • date of diagnosis • recommended monitoring or treatment (including medications or surgery) • need for follow-up care • how does it affect the patient's daily life? USE ADDITIONAL PAPER IF NECESSARY

**STUDENT NAME:** \_\_\_\_\_  
last name first name middle name

**6. QUESTIONS FOR THE PHYSICIAN: Check yes or no for each question. IF "YES," PROVIDE REQUESTED DETAILS IN THE THIRD COLUMN (USE ADDITIONAL PAPER IF NECESSARY).**

QUESTION	ANSWER	IF ANSWER IS YES:
6.1 Has the student ever had surgery not revealed in previous questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s) of surgery: Date(s) of surgery (dd/mm/yy): Result of surgery:
6.2 Has the student ever received inpatient care in hospital, clinic, or sanatorium?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of inpatient care (dd/mm/yy): Reason for inpatient care:
6.3 Has the student recently been advised to have surgery or additional medical care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s) of surgery needed: Date(s) of surgery needed (dd/mm/yy): Type of additional care needed:
6.4 Has the student taken any prescribed medication in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	For what condition: Name of medication(s) and dosage: Will the student continue to take this prescribed medication in the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no
6.5 Will the student require routine medical monitoring or care while in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monitoring for what condition(s): Type of monitoring: Frequency of monitoring:
6.6 Does the student have any limitations in physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Why? List the limitations:
6.7 Does the student have any allergies? If yes give name of all allergens.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> food: <input type="checkbox"/> insect: <input type="checkbox"/> medicine: <input type="checkbox"/> other: Type of allergic reaction: <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction (describe) _____ <input type="checkbox"/> other: (describe) _____ Response required: <input type="checkbox"/> none <input type="checkbox"/> epinephrine auto-injector <input type="checkbox"/> medication: <input type="checkbox"/> other:
6.8 Has the student ever had anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) (dd/mm/yy): _____ Cause: Treatment:
6.9 Has the student ever had a head injury or traumatic brain injury (concussion)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) (dd/mm/yy): _____ Cause of injury: Treatment:
6.10 Has the student ever (including now) had a speech problem (for example, speech impediment, lisp, or other)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of diagnosis: Date of diagnosis (dd/mm/yy): Treatment:
6.11 Does the student have any dietary restrictions for health reasons (examples: gastritis, nut allergy)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason/Condition: Excluded foods:
6.12 Is the student significantly overweight or underweight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason: Treatment:
6.13 Has the student ever consulted a psychologist, psychiatrist or mental health professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of consultation(s) FROM _____ (dd/mm/yy) TO _____ (dd/mm/yy): Diagnosis:
6.14 Has the student ever abused alcohol, or drugs such as opiates or barbiturates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) (dd/mm/yy): _____ Type of abuse:
6.15 Does the student wear glasses or contact lenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check one: <input type="checkbox"/> Glasses <input type="checkbox"/> Contact lenses <input type="checkbox"/> Both
6.16 Is there any medical reason why the student should not participate in this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason:
6.17 Has the student ever been tested for HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of test (dd/mm/yy): _____ Results:

What is the general state of the student's health? (check one)  EXCELLENT  GOOD  POOR

How long has this person \_\_\_\_\_ Years \_\_\_\_\_ Months been your patient? If known less than a year, do you know this student's complete medical history?  Yes  No

Physician's name: \_\_\_\_\_ last name first name DATE: \_\_\_\_\_ DD/MM/YY PHYSICIAN'S SIGNATURE: \_\_\_\_\_ **SIGN**

PHYSICIAN OR CLINIC STAMP

**PART C, DENTAL CERTIFICATION** To be completed by the student's dentist within the past year.

- Are the student's teeth and gums in healthy condition?  Yes  No DATE OF EXAMINATION: \_\_\_\_\_
  - If no, explain in detail: \_\_\_\_\_
  - If dental work is needed, provide the date it was completed, or will be completed. Date (DD/MM/YY): \_\_\_\_\_
- The student wears: **A)** fixed braces  Yes  No **B)** removable orthodontia devices  Yes  No
  - If the student wears fixed braces, will they be removed before the student departs for the U.S.?  Yes  No
  - Is any follow up required on braces while in the U.S.?  Yes  No If yes, explain: \_\_\_\_\_

Dentist's name: \_\_\_\_\_ last name first name DATE: \_\_\_\_\_ DD/MM/YY DENTIST'S SIGNATURE: \_\_\_\_\_ **SIGN**

DENTIST'S STAMP

**Carefully read these instructions, and the instructions on each of the forms, before you begin to fill out the application.**

- Make a copy of the application before you begin in case you make a mistake.
- You must write your name on the front and back of every form.
- The application must be filled out in English.
- The application must be filled out in black ink.
- Applications not filled out completely will not be considered.
- Any additional materials (such as awards or extra letters) will be discarded.
- On forms that require signatures, do not sign in English. Sign the same way you would sign any other document in your country.
- When you have completed the application make two copies. **Return the completed application and one copy (except Form 4) to your Quincy Program office by the due date indicated on Form 1. Keep one copy for yourself.**

#### FORM 1, Application Cover Sheet:

- **Due Date** - The application and one copy must be returned to the AMIDEAST office by this date. Your application will not be considered if received after the due date, even if it is in the mail.
- **Student Information:** If you have more than one **citizenship**, list all of them.
- Answer all yes/no questions under "Questions for Participants", including but not limited to the United States Government **English Access program question** - check the "yes" box if you participated in this program, or the "no" box if you did not.

#### FORM 2, Essay:

- You may use a dictionary.
- Use only the page provided. Extra pages will be discarded.

#### FORM 3, Activities and Achievements:

- **Section 1:** List activities you engage in on a regular, organized basis.
- **Section 2:** Describe what you like to do in your free time, aside from any regular, organized activities.
- **Section 4:** If you have never participated in an international exchange program, or lived outside your country, write NONE.

#### FORM 4, Confidential Recommendation From Teacher:

- This form should be filled out by a **teacher** who knows you well.
- If you cannot choose a teacher you may ask the school director, or a teacher from a school you have recently attended.
- Write your full name, the city and name of your school, and your class at the top of the form before you give the form and the attached envelope to your teacher.
- **You must return the recommendation in the sealed and signed envelope with your application.**
- **If your teacher knows English**, give him/her **ONLY** the English Form 4 to complete with the attached envelope.
- The form must be signed by the teacher and have the school stamp. If the teacher cannot get a school stamp, he or she must provide an explanation.
- The Translator's Statement on the back is left blank and the local language version of Form 4 is **NOT** turned in.
- **The English Form 4 must be returned to you sealed in the envelope provided, with the recommender's signature across the seal.**
- If your teacher does not know English, give him/her the local language Form 4 to complete in addition to the English Form 4 and the attached envelope.
- Local language Form 4 must be translated onto the English Form 4. The translator must complete section 4.9.
- Neither the student nor a member of the student's family may translate Form 4.

#### FORM 5, Biographical Information:

##### Student Information

- **Citizenship** - If you are a citizen of more than one country, list all applicable countries.
- **Email** - If you do not have an email address, write NONE.
- **Address** - Write the actual address where you live. Do not translate the address. For example: write ul. 8 Marta, not March 8 street.
- **Telephone number of other adult (not a parent) where you can be contacted.** You must provide this information. You may write the telephone number of a relative, older sibling, or a friend, but not a parent.

##### Family Contact Information

- You **must** include information about both parents. If you have a step-parent or legal guardian, indicate their relation to you and write their information.
- If your parent is no longer alive, write **DECEASED**. If you do not know who or where your parent is, write **UNKNOWN**.

#### FORM 6, Additional Information:

- If you answer **yes** to points 7, 8, 9, or 10, an explanation **must** be provided.
- **Point 11 and 12: In order to participate in the program, you must agree to honor the laws and restrictions concerning smoking in the U.S. If you do not sign this statement, your application will not be considered.**

#### FORM 7, Parent/Student Agreement:

- The English form must have your signature, the signature of one of your parents or legal guardian, and the date that Form 7 was signed. The English form **must** be included with your application.
- Your parents should keep a copy of this form for their reference.

**FORM 8, Privacy Policy Statement:**

- You and one parent, or a legal guardian, **must** sign and return this form.

**FORM 9, Permission for Care of My Child:**

- This form allows you to receive emergency medical treatment.
- It **must** be signed by a parent or legal guardian. This form may not be signed by a relative who is not your legal guardian.

**FORM 10, Participant Consent and Release Form:**

- This is your agreement that the U.S. Department of State and its program implementing partners have the right to use media containing your likeness or name.
- Both you and a parent or legal guardian must sign this. Signing this form is **NOT** optional. Agreeing (yes) to allowing your likeness to be used if optional; if you do not agree, both you and your parent should mark 'no'.

**FORM M Student Health Certificate:**

- If your doctor does not know English, s/he can use a local language form provided by your Quincy Program office. In this case, send **BOTH** the signed local language form **AND** the signed and stamped English language translation form.
- You may attach an extra page to Form M if there is not enough space to explain an illness or other health related issue.

**Part A:** A parent or legal guardian must complete **AND SIGN** this section.

**Part B:** Medical Certification

*Section 1:*

- This is your medical **HISTORY** (any medical issue you had in the past). The doctor **must** provide an explanation for any question answered **YES**.

*Section 2:*

- This section must be filled out completely and accurately. Your doctor should write **only the date** of each immunization. Do not indicate the amount of the dose, or the brand name of the vaccine.
- If you have not received an immunization, the doctor should leave that space blank. Do not include dates of future vaccines.

*Section 3:*

- **3.1 TB testing:** You must provide the results of a tuberculosis skin test **OR** an approved blood test performed **after September 1, 2019**.

If you choose: <b>OPTION 1, SKIN TEST</b>	If you choose: <b>OPTION 2, BLOOD TEST</b>
<ul style="list-style-type: none"> <li>• Your doctor <b>MUST</b> indicate <b>A)</b> the date the skin test was administered; <b>B)</b> the date the results were read; and <b>C)</b> the size <b>IN MILLIMETERS</b> of the induration.</li> <li>• Results need to be read within 48-72 hours of the skin test placement. Results read before 48 hours or after 72 hours, are invalid.</li> <li>• If the result of the skin test is <b>10 mm or larger</b>, you must then go get a chest x-ray, and provide the date and result of the chest x-ray in Section 3.2.</li> </ul>	<p><b>QuantiFERON®-TB Gold, and T-SPOT®.TB test are the only tests accepted.</b></p> <p>Your doctor must provide a lab report showing the QuantiFERON or T-SPOT blood test results. This extra document must be included with your submitted application.</p> <ul style="list-style-type: none"> <li>• Your doctor must indicate, in the Option 2 section, the date and the results of the blood test.</li> <li>• If the results are <b>positive, indeterminate, or borderline</b>, you must then go get a chest x-ray, and provide the date and result of the chest x-ray in section 3.2.</li> </ul>

- If the results are **positive, indeterminate, or borderline**, you must then get a chest x-ray and provide the date and result of the chest x-ray in section 3.2.
- **3.2 Chest x-ray:** A chest x-ray is required if the skin test results were 10 mm or larger **OR** if the blood test was positive, borderline, or indeterminate. All chest x-rays must be administered **AFTER** the skin test and blood test.

*Section 4:*

- Your doctor must check yes or no for each symptom in sections 4.1 - 4.6.
- If your doctor marks **YES** to any of these symptoms, you must then get a chest x-ray and provide the date and result in section 4.7.

*Section 5:*

- This is your **CURRENT** medical status (any **active** medical issues that you have).
- Your doctor **must** provide an explanation for any question answered **YES**.

*Section 6:*

The doctor **must** provide an explanation for any question answered **YES**.

- If any allergen is checked on 6.7, a description of the reaction and treatment needed must be provided.
- The doctor **must** indicate the general state of your health by checking the box for "EXCELLENT," "GOOD," or "POOR."
- The English version of Form M must contain the physician's **signature**, the date s/he signed the form and the physician's or medical institution's **stamp**.
- The English version also **must** include **ALL** of the information written on the local language version.

**Part C: Dental Certification**

- The English version of Form M must contain the dentist's signature, the date s/he signed the form and the dentist's **stamp**. The dentist must answer all of the questions, and explain where indicated.