

2009 Medical Summary Report

American Work Experience • 335 Greenwich Avenue • Greenwich, CT 06830 • USA
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INSTRUCTIONS: As a participant on the American Work Experience programme, you are required to have a physical exam before departing for the U.S. This form must be completed and signed by a licensed physician. This form does not affect your employer's decision to hire you or determine your acceptance onto the AWE programme. However, falsifying or failing to disclose information about your health may result in immediate dismissal. If you have any questions or concerns, please contact the AWE office.

Note: *Both the applicant and physician must sign this form. Please send the original form to AWE and keep a copy for your records.*

IMPORTANT:

The doctor **MUST** place his/her official stamp here. Alternatively, a signed business card or official letterhead must be attached.

I. TO BE COMPLETED BY THE PARTICIPANT:

AWE # _____ -- _____

Name _____ Birthdate ____/____/____ Age _____ Female Male Do you smoke? Yes No

Complete home address _____

Home phone _____ Work phone _____ Fax _____

Emergency contact name _____ Relationship _____

Emergency contact phone _____ Work phone _____ Fax _____

Alternate emergency contact name _____ Phone _____

List any surgery or major illnesses you have had in the last 18 months (include dates): _____

List any chronic, recurring illnesses or medical conditions: _____

Have you ever been under a professional's care for emotional or psychological difficulties? Yes No If yes, please describe: _____

Do you have any dietary restrictions? Yes No If yes, please describe: _____

Do you consume alcoholic beverages? Yes No If yes, please describe: _____

I hereby certify that the above information is true and correct to the best of my knowledge and I authorize the insurance company or AWE to obtain any information acquired in the course of my examination or treatment.

Applicant's signature _____ Date _____

II. TO BE COMPLETED BY THE PHYSICIAN

Illness/conditions/allergy history (please give dates when possible):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> frequent ear infections _____ | <input type="checkbox"/> epilepsy _____ | <input type="checkbox"/> asthma _____ | <input type="checkbox"/> mononucleosis _____ |
| <input type="checkbox"/> heart defect/disease _____ | <input type="checkbox"/> diabetes _____ | <input type="checkbox"/> hay fever _____ | <input type="checkbox"/> depression _____ |
| <input type="checkbox"/> migraine headaches _____ | <input type="checkbox"/> tuberculosis _____ | <input type="checkbox"/> ivy poisonings _____ | <input type="checkbox"/> mental illness _____ |
| <input type="checkbox"/> hypertension _____ | <input type="checkbox"/> measles/German _____ | <input type="checkbox"/> insect stings _____ | <input type="checkbox"/> anorexia _____ |
| <input type="checkbox"/> bleeding/clotting disorder _____ | <input type="checkbox"/> chicken pox _____ | <input type="checkbox"/> penicillin _____ | <input type="checkbox"/> bulimia _____ |
| <input type="checkbox"/> other _____ | | <input type="checkbox"/> other drugs _____ | |

Immunization history (please provide dates):

DPT series (Diphtheria, Pertussis, Tetanus) _____	Polio _____	Typhoid _____
MMR (Mumps, Measles, Rubella) _____	Smallpox _____	Tetanus Booster _____
Hemophilus Influenza B (HIB) _____	Hepatitis B _____	Tuberculin test _____

Pos. Neg.

Recommendations: This participant will be working in the United States for up to four months. All positions involve long hours and are very demanding. Is there any information the employer needs to know regarding the applicant's mental or physical condition? _____

Any treatment to be continued while in the U.S.? _____

Any medications to be administered while in the U.S.? (indicate dosages) _____

Additional comments _____

Physician's name _____ Address _____

Phone _____ Fax _____ Email address _____

Signature _____ Date _____

Please use the other side of this form if you have any additional comments

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Please use this side for additional comments you wish to make, or to provide more details.

First Name _____ Last Name _____ AWE ID # _____ - _____

"AWE.., going further to bring people together!"