

**PERSONAL HEALTH DISCLOSURE AND PHYSICIAN'S CERTIFICATE
TEACHING ENGLISH IN POLAND PROGRAM 2021**

TO THE APPLICANT: The purpose of this form is to help the Kosciuszko Foundation and the Polish host be of maximum assistance to you should the need arise during your TEIP experience. Mild physical or psychological disorders can become serious under the stresses of life while traveling abroad. It is important that the program organizers be made aware of any medical or emotional problems, past or current, which might affect you in a foreign teaching context. The information provided will remain confidential; and will be shared with program Director, American staff leader, or appropriate professionals only if pertinent to your own well-being. The KF and the Polish host may not be able to accommodate all individual needs or circumstances. **This information does not affect your admission to the program. Please note: the non-disclosure of a physical or medical condition may affect our ability to provide information relevant to your specific needs abroad to healthcare providers in case of emergency.** This form is to be completed by a physician familiar with your health and medical history and based on a recent physical examination. Any history of physical or mental illness that the applicant withholds from the Physician makes the applicant wholly responsible for the state of his or her health while in Poland. Kosciuszko Foundation Physician Certificate is needed before final acceptance in the program will be offered. **If you cannot provide a physician certificate at the time of application, please upload a document with the date you anticipate having your physical.** A valid Physician Certificate contains a physician's signature and a stamp from the office containing the legible name and address of the physician who performed the examination. Please fill in Personal Health Form's information legibly.

Applicant's Name _____
Date of Birth _____ Gender _____
Physician's Name _____
Physician's Street Address _____
City/State/Zip Code _____
Physician's Telephone _____
Emergency Contact and Phone _____

MEDICAL HISTORY

Please check the appropriate box. Please provide explanation as needed.

1. Are you generally in good physical condition? If no, please explain. Yes No
2. Have you ever been treated or are you currently being treated for any psychological or emotional problems? Yes No If yes, please explain.
3. Do you have any allergies to drugs or foods? Yes No If yes, please list ALL.
4. Are you taking any medications? Yes No If yes, please list ALL.
5. Have you had any major injuries, diseases or ailments in the past five years? Yes No
If yes, please explain.
6. Are you able to climb at least two flights of stairs daily? Yes No
6. Are you a vegetarian or are you on a restricted diet? Yes No If yes, please explain.
7. Is there any additional information (concerning medical conditions or mental, or physical disabilities) that would require accommodation or be helpful for the program to be aware of during your TEIP experience? If yes, please explain. Yes No

I certify that all responses made on this Health Form are true and accurate, and I will notify Kosciuszko Foundation hereafter of any relevant changes in my health that may occur prior to the start of the program. I further understand that, in the event of an emergency abroad, the Kosciuszko Foundation reserves the right to notify my parent(s), guardian, spouse, or designated agent (if not a minor.)

Signature of Participant Date

PHYSICIAN CERTIFICATE TEACHING ENGLISH IN POLAND PROGRAM 2021

TO THE PHYSICIAN: The person named above is applying for the Summer Teaching English in Poland Program under the auspices of the Kosciuszko Foundation. This program is organized to send American teachers and teaching assistants to teach English to elementary, middle or high school students for up to three weeks. This is a rigorous program in which participants will also engage in extracurricular activities and field trips that require stamina and physical/mental/emotional fitness. The candidate's ability to adapt readily to a new cultural environment and to situations requiring flexibility is important. Please indicate if the person named above has a history of chronic or disabling physical conditions; any allergies which may require either continuing or emergency treatment; any special dietary problem; or any other physical or emotional condition which might affect his/her well-being or that of fellow participants while living or traveling outside the United States for an extended time. **Please list the generic names for any prescription medicine the student requires which may not be readily obtainable abroad.**

Please note that it may be impossible to make provisions for a restricted diet or to obtain specialized medical attention. We also wish to be informed of any information that would be relevant in case of an emergency requiring medical treatment/hospitalization.

DOES THE APPLICANT SUFFER FROM OR HAVE A HISTORY OF ANY OF THE FOLLOWING CONDITIONS? IF YES, PLEASE CHECK, COMMENT SPECIFICALLY/LEGIBLY, AND NAME PRESCRIBED MEDICATIONS TAKEN ON A REGULAR BASIS.

Epilepsy Coronary disease/disorder Diabetes Hypertension Serious drug or food allergies Mental/psychological disorder Asthma Physical disability Thyroid disorder Drug/alcohol/narcotic addiction Gastric or intestinal disorder HIV positive Autoimmune disorder Neurological disorder Muscular/Skeletal Problems Panic Disorder Other

I CERTIFY THAT THE APPLICANT IS IN GOOD HEALTH, IS PHYSICALLY FIT, AND CAN WITHSTAND THE RIGOROUS SCHEDULE OF THE PROGRAM. I FIND NO IMPEDIMENT THAT WOULD PRECLUDE HIS OR HER PARTICIPATION IN THE PROGRAM.

FOR MEDICAL REASONS, MY RECOMMENDATION IS THAT THE APPLICANT SHOULD NOT PARTICIPATE IN THE PROGRAM.

Physician's Signature Date

Physician's Name (print): _____

A DOCTOR'S STAMP AND/OR LICENSE # IS REQUIRED PHYSICIAN'S STAMP HERE
Please upload a signed and stamped copy of the form when completing the application. You cannot be offered a position on staff if your physician and health form and photo is not submitted to the Kosciuszko Foundation.

Additional Comments/Explanations of Comments: