

Alternate Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Telephone _____

List any close relative(s) now living in the United States:

Name

Address

Brothers and Sisters

Name	Age	Sex	Live at home?
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

List hobbies, interests (including sports, music, art) that you enjoy as a participant or spectator -- in order of importance to you:

Discuss any part-time job or work experience that you have had, if any: _____

Describe your home: _____

List your family interests and activities: _____

STUDENT INFORMATION

TO BE COMPLETED BY THE APPLICANT

GOALS:

In addition to cultural exchange, interest in the U.S. and improving your English skills, check two items below that are your most important reasons for participating in this program.

- Travel to many parts of the U.S.
- Pursue a personal interest or hobby
- Become involved in U.S. family activities
- Become more independent and mature

PERSONALITY TRAITS: *(Check the following words that best describe you.)*

- | | | |
|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Polite | <input type="checkbox"/> Adaptable | <input type="checkbox"/> Open |
| <input type="checkbox"/> Sensitive | <input type="checkbox"/> Reserved | <input type="checkbox"/> Informal |
| <input type="checkbox"/> Spontaneous | <input type="checkbox"/> Insecure | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Serious | <input type="checkbox"/> Independent | <input type="checkbox"/> Neat |
| <input type="checkbox"/> Responsible | <input type="checkbox"/> Calm | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Traditional | <input type="checkbox"/> Casual | <input type="checkbox"/> Active |
| <input type="checkbox"/> Optimistic | <input type="checkbox"/> Emotional | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Quick-tempered | <input type="checkbox"/> Formal | <input type="checkbox"/> Patient |

INTERESTS: *(Check all that you enjoy and circle five which you enjoy most.)*

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Political groups | <input type="checkbox"/> Hiking/backpacking | <input type="checkbox"/> Popular music |
| <input type="checkbox"/> Watching TV | <input type="checkbox"/> Religious activities | <input type="checkbox"/> Camping | <input type="checkbox"/> Classical music |
| <input type="checkbox"/> Watching sports | <input type="checkbox"/> Drama | <input type="checkbox"/> Windsurfing | <input type="checkbox"/> Painting/drawing |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Martial arts | <input type="checkbox"/> Cooking | <input type="checkbox"/> Visiting museums |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Ice skating | <input type="checkbox"/> Attending theater |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Debating | <input type="checkbox"/> Social dancing | <input type="checkbox"/> Symphony |
| <input type="checkbox"/> Skiing | <input type="checkbox"/> Going to movies | <input type="checkbox"/> Soccer | <input type="checkbox"/> Ballet dancing |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Playing cards | <input type="checkbox"/> Basketball | <input type="checkbox"/> Individual sports |
| <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Sailing | <input type="checkbox"/> Current events | <input type="checkbox"/> Jogging |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Cycling | <input type="checkbox"/> Indoor games | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Social clubs | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Chess/backgammon | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> American football | | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Aerobic exercising | | | |

List your favorite subjects in school:

Experience away from home: _____

Travel experience: _____

Organization memberships and extracurricular activities: _____

List foreign languages you speak or have studied:

Language	Yrs of Study	Proficiency		
<u>English</u>	_____	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
_____	_____	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
_____	_____	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
_____	_____	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

What are your present desires regarding future education and/or career goals? _____

If there is someone that you admire, or would want to be like, write briefly about that person and give your reasons.

What characteristics in people do you like/dislike? _____

What will you do if your ideas of life are different from those of your host family? _____

What national or international affairs, if any, interest you? _____

In what way, if any, do you expect that your attitudes may change while an exchange student? _____

How would a host family benefit by having you as an exchange student? _____

What do you expect to gain from the exchange experience? _____

I have read and understand the rules governing an AACE Exchange Student. I shall follow these rules during my stay in the United States. To the best of my knowledge the information provided in this application is accurate.

Applicant Signature: _____

Date: _____

AACE
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804.453.9070 804.453.9017 FAX



PERSONAL ESSAY

Must be **handwritten** in printed format using black ink only and approximately 1-2 pages in length.

Student's Name: _____
Last First Middle

Address: _____
Street Postal Zone City Country

Home Telephone: _____ / _____
Area Code

Provide a detailed description of your life (lifestyle, hobbies, interests, school), your parents, your brothers and sisters. State why you would like to be an exchange student in another country. Please continue your essay on the back and, if necessary, use additional sheets stapled to this form.

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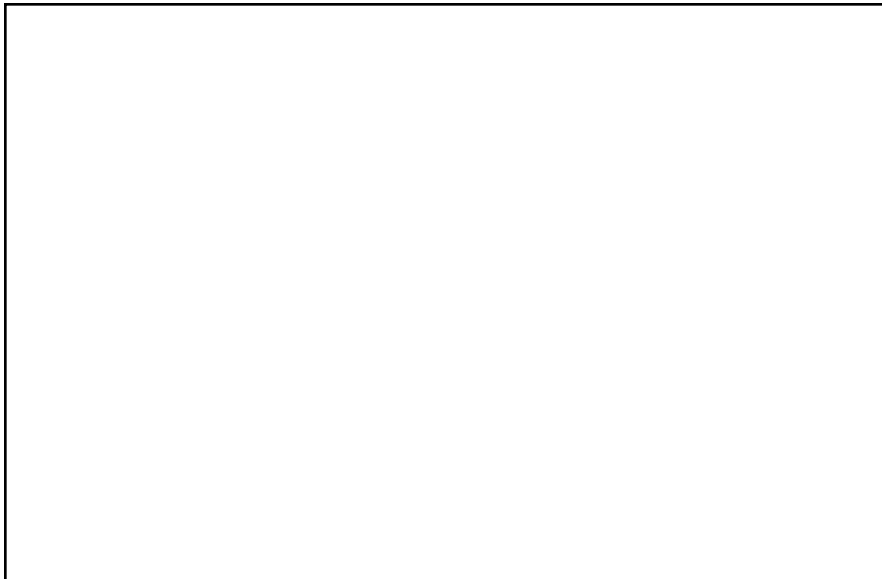
PHOTO ALBUM

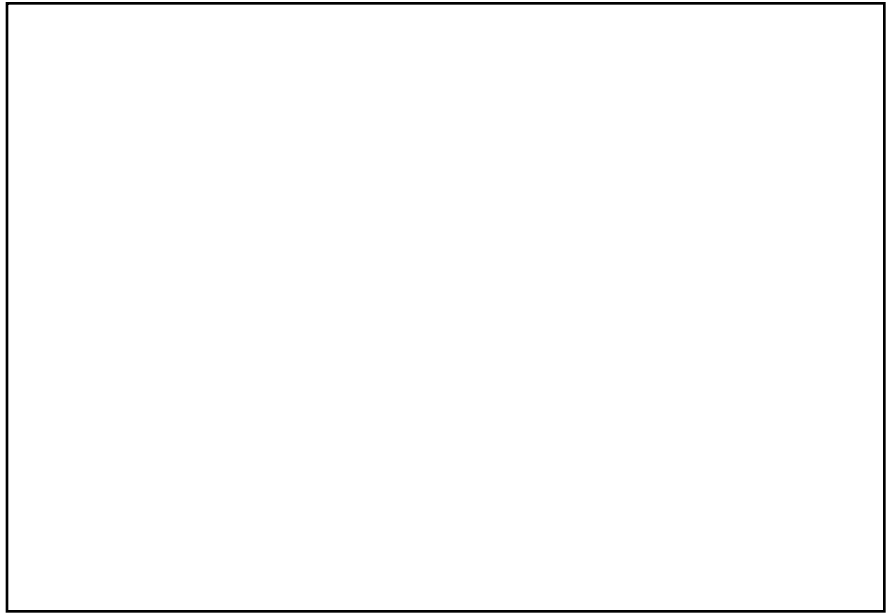
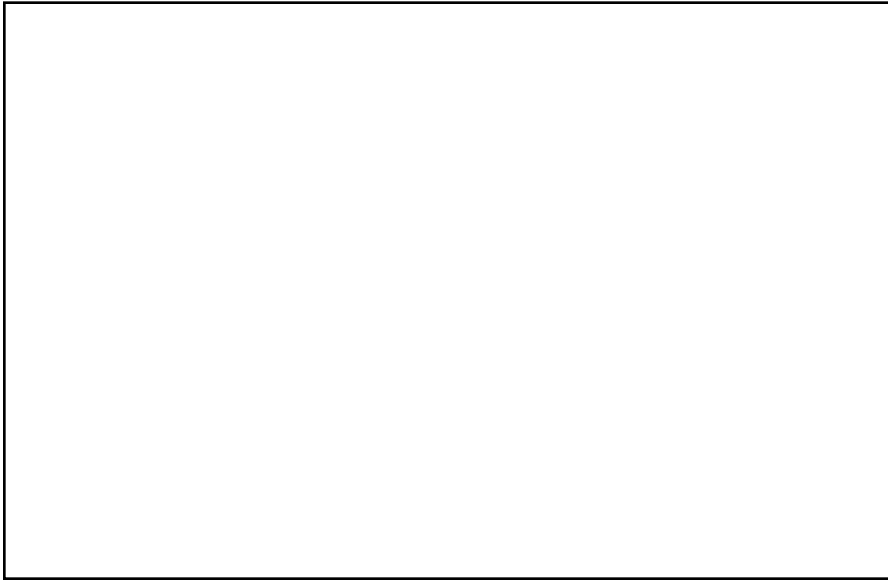
Name: _____

Home Country: _____

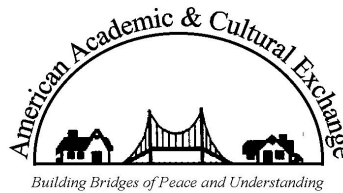
Attach several photographs of you, your family, and friends doing what you enjoy and in places where you live. These photographs greatly help your host family understand what your life is like in your home country.

Describe each photo in the space below the picture.





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NATURAL PARENTS CONSENT TO HIGH RISK/SPORTS ACTIVITIES

I/We understand that while our child, _____,
(Print Name of Student)

is a participant in the American Academic and Cultural Exchange program, he/she may not drive an automobile or motorcycle or pilot any aircraft (including a hang glider) under any circumstances.

By signing below, I/we accept full responsibility for our child's participation in the recreational activities that we specify below; and in consideration of our child's participation in AACE, fully indemnify and hold harmless both the American Academic and Cultural Exchange and our child's host family from any and all liability, including liability to third parties, that may arise from our child's participation in the activities specified below.

Please check and list in writing in the space provided which of the following activities you permit your son or daughter to participate:

- Driving a snowmobile (on private land only)
- Riding as a passenger in a small private airplane
- Driving a tractor (on private land only)
- Whitewater rafting or kayaking
- Driving a jet ski or motorized water bike
- Water skiing
- Snow skiing or snow boarding
- Hunting or shooting firearms
- Other High Risk Activities (Specify): _____

I/we permit our son/daughter to participate in high school sports activities: ___yes ___no

Name of Student: _____
Last First Middle

Date of Birth: ____/____/____ Nationality: _____
Mo Day Yr

Signature of Father or Legal Guardian

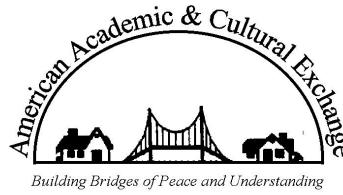
Signature of Mother or Legal Guardian

City

Country

Date: ____/____/____
Mo Day Yr

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Insurance and Liability Waiver

The undersigned, a student applicant and the student's natural parent(s) and/or legal guardian(s), acknowledge certain facts and release American Academic and Cultural Exchange, Inc. (AACE) and the student's host family, as follows:

- **Student's Personal Property.** The student's personal property is not the responsibility of AACE or the host family. Any lost or stolen property of the student, including lost or stolen money that is not recovered by an insurance policy is the responsibility of the student and the student's natural parent(s) and/or legal guardian(s). **Students are required to establish a bank account separate from that of their host family.**
- **Insurance.** Any medical expenses or lost/stolen property or damage not covered by applicable insurance of the student is the responsibility of the natural parent(s) and/or legal guardian(s) of the student. AACE does not provide insurance for the student.
 - a. **Medical Insurance.** Neither AACE nor the host family is responsible for any medical expenses incurred by the student while participating in the program. The AACE student shall obtain medical insurance coverage for the term of his/her participation in the AACE. Please note that many medical insurance policies exclude from coverage any "pre-existing conditions" (that is, a medical condition that exists prior to the commencement of the insurance policy). In addition, some policies do not cover psychiatric care or related expenses.

- b. **Property and Liability Insurance.** Neither AACE nor the host family is responsible for any property damaged or destroyed by the student or for any liability which results from the student's activities while participating in the program. The natural parent(s) and/or legal guardian(s) of the student is(are) responsible for any damage or destruction of property or injury to persons inflicted or caused by the student while participating in the program.

Date: _____
Mo Day Yr

Signature of Student Applicant

Signature of Father or Legal Guardian

Signature of Mother or Legal Guardian



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Rules for AACE Students While in the USA

American Academic and Cultural Exchange, Inc. (AACE) has developed rules that all exchange students to the USA have received and to which each student must agree to abide. We, the undersigned, understand and agree that failure to abide by these rules may result in return home without warning or a second chance, and any additional expense shall be incurred by the student and his or her natural parent(s) and or legal/guardian(s).

The student will try to adjust and obey the rules of AACE and the host family and school. The student will give respect and obedience to the host family and school officials. In case of a problem, the student's first point of contact must always be the student's AACE representative in the United States. **THE STUDENT'S FIRST CONTACT IS NOT WITH HIS OR HER NATURAL FAMILY OR HOME COUNTRY'S ORGANIZATION.** AACE is responsible for contacting the student's home country organization, who will then contact the student's family.

1. All activities must be approved by Host Parents. The student shall keep host parents informed about where he or she is at and with whom the student is with at all times. The student shall keep host parents informed when he or she will return to the host parents' home.
2. An individual may not purchase, possess or consume alcoholic beverages unless he or she is twenty-one years old. AACE students shall not drink any alcoholic beverages including beer or wine while in the United States.
3. A student possessing false identification or using false identification in the United States will be sent home.
4. Purchase, possession or use of any illicit drug, or association with anyone involved with such drugs in any way, shall be cause for the AACE Student to be returned to his or her country.
5. AACE students may not drive cars or motorcycles or other motorized vehicles at any time during their stay in the U.S. If a student drives any car or motorized vehicle under any other circumstances than stated in the *AACE Driver Education Agreement and Release Form*, or should drive a car or motorized vehicle after having obtained a driver's license at any place, any time, and for any reason, the student will be returned to his or her home country.
6. The student must wear his or her seatbelt and shoulder harness, as available, whenever riding in an automobile and follow all applicable State Traffic Laws.
7. School attendance is obligatory. If the student fails to follow school rules or exhibits behavioral problems at school, or fails academically, he or she may be sent home.
8. AACE students are not allowed to travel outside the local area either alone or with other teenagers. The local area is defined by the Area Representative. Overnight traveling is allowed only with an approved group, such as a school or church sponsored group approved by AACE, or with an adult approved by the Host Family and AACE. AACE students can fly alone to visit a relative or family in the United States if this relative or family is known by the natural parents or the American host family.

Note: Written permission from natural parents and a letter of invitation from the family the student wishes to visit are required. Permission must also be given by the AACE Executive Director (or designee) and the host family. AACE students are not permitted to visit their home country during their stay in the United States, with the exception of a medical emergency within the immediate natural family. Permission must be granted by the AACE Home Office.

9. If a student travels outside the United States with his Host Family he or she must first receive permission from AACE and have their DS-2019 or I-20 signed by the designated officer of AACE, or the private school the student is attending. If a student travels outside of the United States with his Host Family, he or she must always check first at the border with U.S. Immigration officials to be sure that he or she will be allowed to reenter the U.S.
10. Hitchhiking is not permitted by AACE students while in the United States.
11. Students may not take a job during their stay in the United States, except jobs in the neighborhood; such as, lawn care or babysitting.
12. If in students' application they marked that they do not smoke, the student cannot smoke during his or her stay in the host country. If the student is a smoker, he or she must discuss his or her smoking habits with his or her Host Family and follow their regulations. At all times, state laws regarding tobacco purchase, possession and use by minors must be obeyed.
13. Violation of any Local, State or Federal Law in the U.S. will cause the student to be sent home.
14. Students are not allowed to remain in the United States after the AACE exchange program is completed.
15. AACE strongly discourages parents or guardians from visiting exchange students. If parents do visit, the visit must occur toward the end of the program (May or June) and AACE must be advised in advance of the visit. Friends shall not visit the student from abroad. Natural brothers and sisters can only visit toward the end of the program accompanied by their parents.
16. Any student found to be involved in any way with pornographic materials by way of printed material, videos, DVD's, the internet, cell phones, or any other medium will immediately be placed on probation by the officers of AACE. The home country organization and natural family will be notified. A second offense may cause a student to be sent home immediately with no further recourse.
17. AACE discourages use of cell phones during the first half of the year. During the second half of the year, depending upon how the student has adapted, and with the permission of both the host family and the AACE Area Representative, students may have cell phones to use only at specific times, after asking the host family each time. The cell phone must be given to your host parent for safe keeping and kept by host parents. When the student and host family agree that the student can use the cell phone when going out, they will give it to the student. Upon returning, the student must return the cell phone to the host parent.
18. Laptop computers or other electronic communication devices (such as PDAs or a hand held "Blackberry", IPODs, or IPADS and similar devices must be kept by the host family. Students may use these devices only with their host parent's permission in a supervised part of the house. Students may only use laptops for school assignments, or once every two weeks for student's personal email to friends and family. Prolonged or inappropriate use of the internet, including email or chat rooms, may result in a first warning and then program termination.
19. Except in cases of emergencies, telephone calls and emails to the natural family or friends should be limited to the following: **emails** on the first and third week of each month; **phone calls** on the **second and fourth week of each month**.
20. Students must respect and obey all decisions made by AACE officials.

Date: _____ / _____ / _____
Mo Day Yr

Signature of Father or Legal Guardian

Signature of Student Applicant

Signature of Mother or Legal Guardian

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PERSONAL REFERENCE FOR STUDENT

The applicant listed below is applying as an exchange student with the American Academic and Cultural Exchange Program. Your name has been provided by this student as someone who knows them well and who is able to give a personal reference regarding their appropriateness as a participant in this program. Please complete the following questions and return this form in the enclosed self-addressed envelope. Thank you for your assistance.

Name of Applicant: _____

What is your relationship to the applicant? _____

How long have you known the applicant? _____

Do you feel capable of giving a reliable personal reference for the applicant? _____

Please indicate how much you would recommend this student as an exchange student to the U.S.: (check one below)

I highly recommend this applicant for the program without any reservation

I recommend this applicant for the program

I generally recommend this applicant for the program, however I have some reservations

I do not recommend this applicant for the program and have reservations

If you are aware of any reason why this applicant should not be recommended to participate in this exchange program, if so, please explain below.

Additional Comments: _____

Your Name (printed)

Signature

Date

If you have comments you would prefer to discuss this with AACE by telephone, please call Irene Seigler 804.453.9070 or at the email: aaceiseigler@comcast.net

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TEACHER RECOMMENDATION FOR HIGH SCHOOL APPLICANTS

Print or Type In English

To the teacher:

In the selection of students for the high school program, we are looking for mature students who will be good representatives of their home country and their school. Your evaluation is a most reliable aid in helping AACE in our selection. Therefore, we greatly appreciate your cooperation in completing this questionnaire. This evaluation is confidential.

Student's Full Name: _____
last first middle

Home Address: _____
street postal zone

city country

TEACHER COMPLETES BELOW THIS LINE

TEACHER: _____ TELEPHONE: _____
Last first

SCHOOL: _____ ADDRESS: _____

EMAIL ADDRESS: _____

CURRENT GRADE LEVEL OF STUDENT: _____

Knowledge of English:

Verbal Knowledge: ___ Superior ___ Good ___ Average ___ Poor
Written Knowledge: ___ Superior ___ Good ___ Average ___ Poor

Comments: _____

School Attitude:

The school experience is as important as the host family experience in the host country. The greater part of the student's stay is spent in school or in school activities. Maturity and attitude toward school and school work are very important. In your opinion, what level of interest in school does the student demonstrate?

___ Great Interest ___ Average Interest ___ Very Little Interest

Comments: _____

TEACHER RECOMMENDATION FOR HIGH SCHOOL APPLICANTS, continued

Overall Qualifications:

Based on your experience, what is your evaluation of the potential success of this applicant as an exchange student in a host country? ___ Excellent ___ Good ___ Average ___ Poor

Comments: _____

Any additional comments to aid us in this selection are appreciated. Thank you for your cooperation.

Teacher Signature

Teacher Name (Printed)

Date (mo/day/yr)

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Type or Print in **black ink only**

Student Health Record

The information on this page is to be **completed by the applicant**:

Applicant's Name:

_____ Last First Middle

Home Address:

_____ Street Postal Zone City Country

Telephone Number:

_____ Date of Birth: ____ / ____ / ____
 Mo Day Yr

Immunization Record (List Year of Most Recent Administration)

<u>Immunization</u>	<u>Year</u>	<u>Immunization</u>	<u>Year</u>
Influenza (Flu)	_____	Smallpox	_____
Measles (Rubeola)	_____	Tetanus	_____
German Measles--Rubella	_____	Typhoid	_____
Mumps	_____	Tuberculosis (BCG)	_____
Polio (Sabin)	_____	Other _____	_____

Has the applicant suffered from any of the following?

(If yes, explain in space provided below.)

	<u>No</u>	<u>Yes</u>	<u>Comments</u>
1 Allergies	<input type="checkbox"/>	<input type="checkbox"/>	1 _____
2 Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	2 _____
3 Asthma	<input type="checkbox"/>	<input type="checkbox"/>	3 _____
4 Cancer/Tumors	<input type="checkbox"/>	<input type="checkbox"/>	4 _____
5 Convulsions/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	5 _____
6 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	6 _____
7 German Measles	<input type="checkbox"/>	<input type="checkbox"/>	7 _____
8 Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	8 _____
9 Hernia (? Surgery)	<input type="checkbox"/>	<input type="checkbox"/>	9 _____
10 Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	10 _____
11 Malaria	<input type="checkbox"/>	<input type="checkbox"/>	11 _____
12 Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	12 _____
13 Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	13 _____
14 Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	14 _____
15 Smallpox	<input type="checkbox"/>	<input type="checkbox"/>	15 _____
16 Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	16 _____
17 Typhoid Fever	<input type="checkbox"/>	<input type="checkbox"/>	17 _____
18 Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>	18 _____
19 Serious or Persistent Cough	<input type="checkbox"/>	<input type="checkbox"/>	19 _____
20 Serious or Persistent Headache	<input type="checkbox"/>	<input type="checkbox"/>	20 _____
21 Migraine	<input type="checkbox"/>	<input type="checkbox"/>	21 _____
22 Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	22 _____
23 Vertigo/dizziness	<input type="checkbox"/>	<input type="checkbox"/>	23 _____
24 Other _____	<input type="checkbox"/>	<input type="checkbox"/>	24 _____

Print Student's Name (Last, First): _____

The following information must be completed by a **Medical Doctor**:

Height: _____ Weight: _____

Pulse Rate: _____ Is pulse rhythm normal? _____

Blood Pressure: Systolic _____ Diastolic _____

PHYSICAL EXAMINATION:

ORGAN SYSTEM	NORMAL	ABNORMAL	COMMENTS
HEENT			
Heart			
Lungs			
Abdomen			
Musculoskeletal			
Nervous System			
Emotional			
Genitalia			
Integument			

What is the applicant's vision?
Without Eyeglasses
OD _____ OS _____

With Eyeglasses
OD _____ OS _____

TESTS:

TEST	YEAR	OUTCOME/COMMENTS
T.B. Skin Test		
Chest X-ray (See Note below) *		
Other _____		

NOTE: A Chest X-ray must be performed and reported within one month of arrival in the U.S. if the applicant has a positive T.B. skin test **or** if the applicant has received a BCG vaccine.

Does the applicant have any disease, impairment or abnormality of:

ORGAN SYSTEM	YES	NO	EXPLAIN
Eyes or Sight			
Ears or Hearing			
Tonsils/Nose/Throat			
Stomach/Digestion			
Genito-Urinary System			
Heart/Blood Vessels			
Other Abdominal Organ			
Skin (Acne, etc.)			
Lungs/Respiration			
Bones/Joints			
Brain/Nervous System			
Blood			
Endocrine System			
Other			

Has the applicant ever been hospitalized? Yes No

If yes, please give the date, diagnosis and outcome of each illness. _____

Is the applicant currently taking any injections or medications? Yes No

Please give name(s) of medication(s) and injections and diagnosis. _____

Does the applicant have a history or present evidence of nervous, emotional or mental abnormality?
 For example, is there any history of enuresis, nervous breakdown, recurrent nightmares, sleepwalking, stammering, stuttering, eating disorders (anorexia or bulimia) or other similar condition? Yes No

If yes, give details _____

Has the applicant ever consulted a neurologist, psychiatrist, psychologist or any other specialist or emotional or eating disorders? Yes No

If yes, give details _____

Does the applicant have any health limitations, or do you know of any pertinent medical information that is important for Is there anything that AACE needs to know should the applicant be considered for placement outside of the country?
 Yes No

If yes, please comment fully _____

Will the applicant need orthodontic care during the current year? Yes No

If yes, please attach a statement from the orthodontist, indicating present status, exact care essential to the orthodonture and date care will be completed.

Has the applicant had any history or present evidence of allergy? Yes No

Type of allergy (e.g., eczema, hives, hay fever, asthma or other) _____

Allergen (food, pollen or other) if known _____

Year of onset: _____ Frequency of symptoms _____

Duration of symptoms (hours? days?) _____ When were the last symptoms (month and year)? _____

Describe symptoms in detail and indicate severity _____

Have the allergic symptoms ever interfered with the patient's ordinary activities at home or at school? Yes No

Please give details and dates. _____

In the past year has the applicant received for the allergy(ies):

a) injected medications (give names, dosages and dates) _____

b) oral medications (give names, dosages and dates) _____

Please indicate any treatment for allergy(ies) expected during the coming two years by means of:

a) injected medicines (give names, anticipated dosages and dates) _____

b) oral medications (give names, anticipated dosages and dates) _____

Has the applicant had asthma? Yes No If yes, give details and dates _____

When will allergy treatment and medication be entirely discontinued? _____

How long has the applicant been your patient? _____

In my opinion, the **general state of the applicant's health** is: ___ Excellent ___ Good ___ Fair ___ Poor

Comments: _____

Name of Physician (Type or Print)

Degree

Address (Street)

Postal Zone

City

Country

Signature of Physician

Date of Examination



IMMUNIZATION RECORD

The following immunizations are required:

1. Diphtheria/Tetanus--3 dates plus current booster with the past 10 years

_____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 Mo Day Yr Mo Day Yr Mo Day Yr Mo Day Yr

2. Polio--3 dates plus booster (Trivalent Polio Vaccine)

_____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 Mo Day Yr Mo Day Yr Mo Day Yr Mo Day Yr

OR

Polio--4 dates plus booster (Inactivated Polio Vaccine [Salk])

_____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 Mo Day Yr Mo Day Yr Mo Day Yr Mo Day Yr

3. Measles (Rubeola)--1 date, on or after first birthday

_____ / _____ / _____ date of immunization
 OR
 _____ / _____ / _____ date of disease
 Mo Day Yr Mo Day Yr

4. Rubella (German Measles)--1 date, on or after first birthday

_____ / _____ / _____ date of immunization
 OR
 Rubella blood titer _____
 Mo Day Yr

5. Mumps--1 date, on or after first birthday

_____ / _____ / _____
 Mo Day Yr

APPLICANT'S NAME:

DATE:

NATIONALITY:

Last First

_____ / _____ / _____

Mo Day Yr

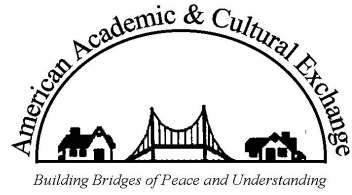
Signature of Physician

Name of Physician (Print or Type)

_____ / _____ / _____

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804.453.9070 804.453.9017 FAX



PERMISSION FOR MEDICAL CARE

We, as the applicant's parents and/or legal guardians, agree to authorize American Academic and Cultural Exchange, Inc. (AACE) and the Host Family to act on our behalf in any emergency, accident or illness of our child during the period of time our son or daughter is involved in the AACE Program. This covers the period of time from when our son or daughter boards transportation, scheduled by the Program, to leave his or her home country until he or she leaves, on transportation scheduled by the Program, to return to his or her home country.

Signature of Father or Legal Guardian

Signature of Mother or Legal Guardian

Date: ____/____/____
Mo Day Yr

Date: ____/____/____
Mo Day Yr