NBISP
NEW BRUNSWICK INTERNATIONAL STUDENT PROGRAM

MEDICAL HISTORY AND INFORMATION OF STUDENT

Student's First Name:_____________________________ Student's Last Name:___________________________________

The applicant or natural parent(s) must fill out this form as honestly and accurately as possible. Relevant health information that is not disclosed may result in the applicant's removal from the program (*Section 12, NBISP Terms & Conditions*). The responses below should reflect the applicant's medical history and current health.

	YES	NO
2/ Are you the applicant (_____) or the applicant's natural parent/legal guardian (_____) filling out this form? Please check one.		
3/ Is the applicant currently under treatment for any physical or mental conditions? If *yes*, please explain:	○	○
4/ Is the applicant currently taking any medication? If *yes*, please list medications and their purpose:	○	○
5/ Will the applicant be taking medication while on exchange? If *yes*, please list medications and their purpose:	○	○
6/ Has the applicant had restriction of a physical activity in the past year? If *yes*, please explain:	○	○
7/ Has the applicant had any treatment or counselling for a nervous condition, personality disorder, or mental health issue? If *yes*, please explain:	○	○
8/ Has the applicant been hospitalized or had surgery in the past year? If *yes*, please explain:	○	○
9/ Has the applicant been advised to have surgery which has not yet been done? If *yes*, please explain:	○	○

Does the applicant currently have or had a history of the following illnesses or symptoms? If *yes*, please check box and provide further information on the following page.

	YES	NO		YES	NO		YES	NO
Allergies to drugs, foods, etc.	○	○	Eating Disorder	○	○	Pneumonia	○	○
Anxiety Disorder	○	○	Enuresis (bed wetting)	○	○	Psoriasis/Eczema	○	○
Appendicitis	○	○	Epilepsy	○	○	Rheumatic Fever	○	○
Appendix been removed?	○	○	Headache/Migraine (chronic)	○	○	Seizure Disorder	○	○
Asthma	○	○	Hepatitis Type	○	○	Sleep Disorder	○	○
Behavioral Disorder	○	○	Hernia	○	○	Thyroid Disorder	○	○
Celiac Disease	○	○	Insect Bite Sensitivity	○	○	Ulcerative Colitis	○	○
Cough (persistent, recurring)	○	○	Learning Disability	○	○	Vertigo, Dizziness	○	○
Crohn's Disease	○	○	Menstrual Disorder	○	○	Other:	○	○
Depression	○	○	Mental Illness	○	○		○	○
Diabetes	○	○	Mononucleosis	○	○		○	○

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If *yes* for any of the above, please provide in detail each allergy, disorder, illness, etc. as well as any medications required for treatment. If needed, please use a separate sheet of paper, also to be signed and dated.

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NOTE: Should the information provided on this form change before the beginning of a student's enrollment period, per Section 12 of the NBISP Terms and Conditions, the student and their natural parent(s) and/or legal guardian(s) are responsible to provide this information *prior* to arrival.

_____________________________________ _____________________________

Signature **DD / MM / YYYY**