



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS

2018 OUTBOUND DELEGATE APPLICATION

Full Name: _____ State: _____
(First name) (Last name)

Instructions: Indicate country(ies)/program(s) for which you are applying. In the program choice row, indicate the order of desire (1-5). If you are applying to one of the Japan Programs, choose a homestay organization (Labo/LEX/Utrek/no preference). Some programs may have minimum and/or maximum group size nationwide. Final acceptance will be announced in January, 2018. For application deadline, payment schedule and in-state program fee, contact your State Coordinator for details.

Program	Japan 8-week 6/13-8/9/2018	Japan 4-week 7/11-8/9/2018	South Korea 7/16-8/14/2018	Norway 6/28-7/27/2018	Costa Rica 6/21-7/20/2018
Program Fee	\$3,750	\$2,450	\$2,300	\$2,200	\$1,550
Airfare Estimate*	\$1,700-2,600	\$1,600-\$2,600	\$1,400-2,500	\$1,300-2,000	\$1,000-1,500
Program Choice					
Organization	Labo (first 4 weeks)/ _____ (second 4 weeks)		Korea 4-H	4H Norge	CONAC 4-S

*Airfare estimates depend on home departure airport.

Due Dates (to States' 4-H Office in Seattle):

- | | | |
|-------------|---|---|
| December 1: | First payment* of \$2,000, due with Application. Check will not be deposited until acceptance, applicants notified of acceptance in January**. | <i>*first and second payments pay for airfare and part of the program fee.</i> |
| February 1: | Second payment due* (\$2,000 for Japan 8-week, \$1,500 for Japan 4-week, Korea, & Norway, and \$1,000 for Costa Rica) | <i>**should applicant not be accepted, the first program payment will be returned.</i> |
| March 1: | Medical Form and Passport Copy due | <i>**third and final payment pays for the rest of the program fee; includes any scholarships received and any additional costs (unaccompanied minor, travel agent fee, etc.).</i> |
| April 15: | Third and final payment due *** | |

Application Checklist: Only fully completed applications will be accepted.

- | | | |
|---|---|---|
| <input type="checkbox"/> Basic Information | <input type="checkbox"/> References | <input type="checkbox"/> Short Answer Questions |
| <input type="checkbox"/> Health & Allergy Information | <input type="checkbox"/> Comprehensive Release Form | <input type="checkbox"/> Cultural Project |
| <input type="checkbox"/> Introduction to Host Family | <input type="checkbox"/> Photos | <input type="checkbox"/> \$2,000 first payment |
| <input type="checkbox"/> Airport Selection | <input type="checkbox"/> Essay | |
| <input type="checkbox"/> Additional Information | <input type="checkbox"/> Letter to Host Family | |

Cancellation & States' 4-H Policies:

- Program cancellations:
 - Before January 31, 2018 – \$300 cancellation fee. The remaining \$1,700 of the first payment will be refunded.
 - After January 31, 2018 – 100% cancellation fee.
- Airfare is non-refundable once issued (airline credit may apply, airline regulations vary). Tickets are issued in mid-February.
- Only fully paid delegates will be allowed to travel or come to the departure orientation.
- No donor checks are accepted to the States' 4-H office, donors must send checks directly to the delegate.

Signature of parent's/legal guardian

Print parent's/legal guardian's name

Date

Attach at least one photo of yourself and one family photo to this page, or email the photos to your 4-H Coordinator.



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS

2018 OUTBOUND DELEGATE APPLICATION

1. Basic Information:

Paste a small photo
of yourself

FULL LEGAL NAME: _____
Exactly as printed in passport (First) (Middle) (Last)
If applying for passport later, apply with the name exactly as written above

Name you prefer to be called: _____

Gender: _____ Age (as of departure date): _____ Birth Date (mm/dd/yy): _____

Grade (for 2017-18): _____ T-shirt Size (adult): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____

Applicant's Cell Phone: _____ (Only used for communication during domestic travel)

Applicant's Email: _____

PARENT / GUARDIAN:

Parent #1 Name: _____ Relationship to applicant: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

E-Mail: _____ Occupation: _____

Parent #2 Name: _____ Relationship to applicant: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

E-Mail: _____ Occupation: _____

Sibling(s) – name, gender, and age: _____

EMERGENCY CONTACT: (other than the adult(s) listed above)

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

2. Health & Allergy Information:

The formal medical form is not due until March 1. However, please fill out this section with any/all applicable conditions. Be as specific as possible. Follow up questions may be asked. Attach an additional page, if needed.

ALLERGIES: List all food and non-food allergies and indicate the severity, any reactions, and medication, if any, for each.

Type of Allergy	Severity (1 mild – 5 severe)	Allergic Reaction(s) (explain severity)	Medication?*	Additional Information:

**is the applicant able to take medication on their own, or will they need reminders from host family?*

HEALTH CONCERNS: List physical/mental conditions, both mild and severe. Please be comprehensive.

Condition/Illness	Additional Information the Host Family should be aware of:	Name of Medication*	Dosage (mg.)

**Please note that common ADD/ADHD medications such as "Adderall", are illegal in Japan. Make sure all of the medication you plan to bring is legal in the international country you are going to.*

- a. Any recent injuries or surgeries we should be aware of? If yes, provide a brief description: _____

- b. Are there any physical activities you are restricted from doing? If yes, list all: _____

3. Introduction to Host Family:

SMOKING:

- Non-smoking family only Acceptable if family member smokes outside A smoking family is acceptable

ANIMALS:

- Placement in a home with any type or size of pets/animals is okay with me.
- Although I am mildly allergic to the following animals, it's okay for me to be placed with them: _____
 I am strongly allergic to or afraid of the following animals. I cannot be placed with them: _____

DIET:

- a. Do you have any special dietary needs or restrictions (check all that apply)?
 Vegetarian Vegan Gluten Free Soy Free Dairy Free Other: _____
- b. If you checked at least of one the boxes above:
 List what you can eat: _____
 List what you cannot eat: _____
- c. Any other special dietary needs or restrictions? _____

INTERESTS & HOBBIES: Check as many boxes as may apply to you.

What activities do you enjoy?

- Studying Shopping Hiking Camping Nature/Outdoors Movies Swimming Cooking Handicrafts
 Museums Listening to music Gardening Bicycling Painting/Drawing Boating Reading Writing Dancing
 Singing TV Computers Video games Musical instruments (types: _____) Animals
 (types: _____)
 Sports (types: _____) Other activities: _____

Your personality characteristics:

- Tidy Curious Shy Emotional/Sensitive Cheerful Quiet Patient Talkative Laugh a lot Sociable
 Tolerant Serious/Diligent Other: _____

What do you usually do in your free time?

- Movies Museums Reading Studying Shopping Participate in Sports Spectator of Sports Events
- Other: _____

What type of TV programs do you enjoy watching?

- Educational Adventure Game shows Musicals News Comedies Drama Movies Sports None
- Other: _____

What kind of books do you enjoy reading?

- Science fiction Classics Non-fiction Mysteries Poetry Textbooks Humor Fiction Anime
- Other: _____

What type of music do you enjoy?

- Classical Show-tunes Popular Folk Country & Western Jazz Rock Rap Hip-hop None
- Other: _____

What qualities do you value most in people?

- Loyalty Kindness Patience Honesty Intelligence Sense of humor Decisiveness Politeness
- Other: _____

Religion (optional): _____

Please list some of your other hobbies & interests: _____

Please list some things about the hosting country and its culture that you find interesting: _____

HOST FAMILY REQUEST:

- Any host family assigned is acceptable.
- I request to be hosted by (we cannot guarantee that the preferred host family will be available):

Choice #1 Family Name: _____ Organization _____

Address: _____

Phone: _____ Email: _____

Choice #2 Family Name: _____ Organization: _____

Address _____

Phone: _____ Email: _____

If the above host family(ies) is(are) not available, any host family assigned is acceptable (if yes, check here).

4. Additional Information:

- a. Family Insurance Carrier: _____ ID#: _____ Group #: _____
(Participants are responsible for expenses beyond the coverage of the exchange program's insurance policy.)
- b. 4-H: I am currently a 4-H member in my state: Yes No
- c. When is your last day of school for 2016-17 (mm/dd/yy)? _____
- d. When is your first day of school for 2017-18 (mm/dd/yy)? _____

TRAVEL EXPERIENCE:

- a. Have you flown domestically before? Yes No Internationally? Yes No
- b. Please list any international travel experience.

Country	Length of Stay	Dates/Year	Purpose (tourist, study, etc.)

- c. Do you have a current passport?
 Yes – Submit a copy of photo page (with signature). The passport must be valid for three (3) months after the intended return travel date. Check the expiration date and renew, if needed.
 No – Apply in advance. It may take as long as two months, and applicants who are under 16 years of age must apply in person accompanied by both parents/guardians. Submit a copy of photo page (with signature) when passport is received.

AIRPORT SELECTION:

Which local airport would you prefer to use? Please list only the airports you can actually use in the summer. In the event that your preferred airport is not feasible, please note that an alternative airport within 100 miles of the listed ones may be chosen at States' 4-H's discretion. Departure could be as early as 5AM and return could be as late as midnight. *NOTE: In general, airfare is more expensive when you choose smaller airports.*

- 1. Airport Name _____ 3 Letter Airport Code _____
- 2. Airport Name _____ 3 Letter Airport Code _____

HOSTING EXPERIENCE:

- a. Have you hosted any international exchange students before? Yes No
 If yes, what year and through which organization(s) did you host? (Please list all.)

- b. If you have hosted a Japanese student/chaperone through 4-H in the past (2016 or before) and are applying for Japan Outbound program, fill in the list below. You may be eligible for Hosting Grant (for Japan Outbound applicants only). List from oldest to the latest.

Japanese Participants' Name(s)	Year	Length of Stay (two weeks, a month, or a school year)	Organization (Labo/LEX/Utrek)

***State Coordinators ONLY:** Please verify the record and initial here _____

- c. Are you interested in hosting next year? Yes No Not sure

FOREIGN LANGUAGE SKILLS: *Please indicate: Excellent - Good - Fair - Poor - None.*

Language	Reading	Writing	Speaking	Comprehension	Years Studied

5. References:

4-H members are required to name at least one 4-H Staff Member and one school representative.

Non 4-H members are required to name one school representative; the other reference may be any other adult (non-relative).

Name: _____ Position-Title/Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Name: _____ Position-Title/Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

6. **Essay:** 1-2 paragraphs for each of the following questions. Attach an additional page if you need more room.

a. What are your expectations for this exchange?

b. Why do you want to participate?

7. **Letter to Host Family:** Either handwrite or type a letter to your host family introducing yourself, your family, and your interests. Describe the activities you would like to do together. This letter will be your future host family's first chance to get to know you.

9. Cultural Project: A short written description of a cultural project to share with your host family (feel free to include pictures or drawings). The project can be in any form and on any topic. For instance, previous delegates have prepared their favorite food dish or taught their favorite game/sport and played it with their host family.

You should also be prepared to leave a "hard copy" of your project with your host family. For instance, write down the recipe for the dish you prepare or the instructions to the game you teach them. The main goal is for you to share a piece of American culture with your host family and new friends... and to have fun!

10. Post Project: Are you planning to share your experience with others once you return home? If so, please explain.



States' 4-H International Exchange Programs 2018 Comprehensive Release Form

TRAVEL RELEASE/AUTHORIZATION

I/we, the parent(s) and/or legal guardian(s) of _____ (full name), hereby grant permission for my/our child "the delegate" to travel and participate in the States' 4-H International Exchange Program "States' 4-H."

I/we agree to accept the flight itinerary that States' 4-H arranges for the delegate. I/we agree to pay the cost for any deviations from this flight schedule caused by the delegate's personal actions. States' 4-H (Board, staff, and volunteers), partner Land Grant Institutions (their personnel and volunteers), and the international partner organization shall have no liability if the delegate voluntarily or otherwise withdraws or is dismissed from the program. Furthermore, I/we understand that program fees, airfare, and travel agent fee must be paid in full by the established deadlines in order for the delegate to participate in the exchange. In the event that the international partner organization cancels the program due to unforeseen circumstances, delegates will receive a refund for any payments made and may reapply to a different outbound program, except airfare may be non-refundable or airline credit may apply.

MEDICAL RELEASE

I/we hereby authorize the representatives of States' 4-H, the States' 4-H Board, international partner organization(s) or the parents of the family assigned as hosts for my/our child, to make arrangements for my/our child's welfare, including transportation in the event of an emergency, and for whatever emergency medical care may be deemed necessary for my/our child's welfare, while participating in this program. I/we grant permission to release information regarding my/our child's health to any individual designated by States' 4-H.

INSURANCE AGREEMENT

I/we will be provided Sickness and Accident Insurance information for the company chosen by States' 4-H. I/we acknowledge that this coverage is secondary insurance and supplements any primary sickness and accident insurance that my/our family may have. I/we understand that this insurance provides coverage for accidents, injuries, or illnesses that occur and are treated while the delegate is out of the Home Country. I/we understand that the insurance coverage is limited (\$250,000 maximum medical expense per person; does not cover any preexisting condition) and that I/we are responsible for any medical expenses above and beyond those identified in the Insurance Plan Summary, including coverage determined to be in excess of *reasonable and customary*, as defined by the insurance provider. **Program insurance does not cover pre-existing conditions nor the treatment of mental and nervous disorders.**

The delegate agrees to follow the States' 4-H Safety Guidelines at all times. I/we understand that the Safety Guidelines are based on insurance coverage rules and exclusions. If the delegate is injured while participating in a prohibited activity, I/we will be responsible to pay for the resulting medical bills.

LIABILITY RELEASE

This liability release covers the time period from when the delegate departs his/her home state until he/she returns to his/her home state. While under the sponsorship of States' 4-H, the delegate may not participate in any high-risk activities including, but not limited to, the following:

- hunting
- paintball
- mountaineering & rock climbing
- scuba diving
- jet-skiing
- water skiing
- snorkeling
- bungee jumping
- hang gliding
- glider riding
- parachuting
- parasailing
- hot air ballooning
- sky diving
- driving
- motorcycle/motor scooter driving/riding
- operating motorized lawn equipment
- operating farm equipment
- driving/riding motorized recreational vehicles
- driving/riding all-terrain vehicles
- horse racing
- spelunking

I/we, the undersigned, authorize the delegate to participate within the program guidelines established by States' 4-H. I/we hereby release States' 4-H (Board, staff, and volunteers), partner Land Grant Institutions (their personnel and volunteers), the international partner organization, program chaperones, and host families past and present from any and all current and future claims, losses, expenses, charges, costs and/or causes of action for loss of property, personal injury, illness, accident or death sustained by the delegate during the time he/she is a participant in the program.

I/we agree to supply the delegate with spending money to cover his/her personal needs and expenses for the duration of the program and return home. I/we understand and agree that States' 4-H is not responsible for the delegate's money or personal property, whether lost or stolen, while he/she is participating in the program.

I/we certify that all information provided in the Outbound Delegate Application is correct and complete, including medical history. I/we also understand that any changes in the information provided, including but not limited to changes in the delegate's medical history or condition, must be reported to States' 4-H immediately. I/we understand that withholding information and/or providing incorrect information and/or not reporting changes after the medical form has been submitted are grounds for possible termination from the program and repatriation at my/our expense with no refund of program fees.

PHOTO/MEDIA RELEASE

I/we grant States' 4-H and its representatives, the States' 4-H Board, international partner organization(s), and 4-H clubs unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about my/our

child and reproductions of my/our child's likeness (photographic or otherwise), whether or not related to any affiliation with 4-H, with or without my/our child's name. I/we hereby waive any right that I/we may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

CODE OF CONDUCT

The following are the terms of participation for States' 4-H. Delegates are expected to observe the following during the entire exchange period.

1. Delegates must abide by the laws of the host country, host state, and hosting organization.
2. Delegates must show respect for 4-H and all program staff in the U.S. and abroad and obey their instructions.
3. Delegates must obey host family rules about things such as, but not limited to, curfews and household chores. Delegates may not have guests in the host family's home without their host parent's permission.
4. Delegates should talk to their State Coordinator, Program Chaperone, or appropriate organization staff concerning problems they are having and avoid speaking of their host family's private affairs to community members and friends.
5. Delegates may not change host families without approval.
6. Delegates must always be aware of their responsibilities as an exchange participant and make a determined effort in their host family.
7. Delegates must not participate in any sexual contact or sexual activity, including possessing or viewing pornographic material.
8. Delegates must not take any action that may change the nature or course of their life, e.g. getting married, changing religion, etc.
9. Delegates are not allowed to purchase or use a firearm.
10. Delegates may not possess or use drugs except those prescribed by a licensed physician or over-the-counter medications such as aspirin.
11. Delegates are not permitted to purchase or drink alcoholic beverages.
12. Delegates are not permitted to smoke or use other tobacco products.
13. Delegates must not possess or use fireworks.
14. Delegates are not allowed to gamble.
15. Delegate must respect and abide by host family and hosting organization rules in relationship to use of computer, internet, cell phone, and e-mail. Delegates must also practice safe use of the internet and must not share theirs or their host family's personal contact information on public websites, nor post inappropriate comments/photos on social media networking sites.
16. Delegates are not allowed under any circumstances to access websites containing pornography, chat rooms, or any other sites deemed inappropriate by the host family or program officials.
17. Delegates must return to their home country on the date and using flight itinerary ticketed by States' 4-H.
18. Delegates must obtain prior consent from the host family and the appropriate organization contact before planning personal travel of any kind.
19. Delegates must follow States' 4-H program safety guidelines at all times.

I (the delegate) have read and understand the above, and agree to comply with these rules. I understand that failure to comply with these rules may be grounds for dismissal from the States' 4-H International Exchange Programs (States' 4-H) and may be sent home at once at my expense for violating the rules above. In addition, I must be in good standing from the time of acceptance through the exchange period, and failure to comply may be grounds for dismissal from States' 4-H program participation.

I CERTIFY that all information in this application is true and complete to the best of my knowledge. I understand the purposes and objectives of the States' 4-H International Exchange Programs and agree to participate within the framework of the program. The signature of the undersigned delegate and parent(s)/legal guardian(s) indicates a complete understanding of and a willingness to abide by the above Travel Release/Authorization, Medical Release, Insurance Agreement, Liability Release, Photo/Media Release, Code of Conduct, and Cancellation Policy (on page 1).

Signature of delegate

Print delegate's name

Date

*Signature of father/legal guardian

Print father's/legal guardian's name

Date

*Signature of mother/legal guardian

Print mother's/legal guardian's name

Date

*In the case of divorced parents:

1. For divorced parents with joint custody, both parents must sign above.
2. For divorced parents where one parent is awarded full custody, only one parent needs to sign above. The same parent must sign below:
By signing below, I attest that I have sole custody of the child listed above.

Signature of Parent or Guardian _____ Date: _____

Print Parent or Guardian's name _____

Based on my assessment of the delegate's application and interview details, I recommend him/her for participation in the 2018 States' 4-H Outbound Programs. (Please carefully verify delegate's airport selection)

County Agent

Print County Agent's name

Date

State Coordinator

Print State Coordinator's Name

Date



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS OUTBOUND PROGRAM – REFERENCE FORM

PRINT IN DARK INK OR TYPE

Delegate's Name: _____ State: _____

The individual above has applied to participate in a foreign exchange program. Selected delegates will spend four to eight weeks living with a host family in an unfamiliar culture. Your thoughtful evaluation of the applicant's ability to assume this role will be much appreciated.

***Thank you for providing this reference.
All information is confidential.***

Interpersonal Relations: As you observe this applicant in relation to other people, is he/she usually:
(specify "Yes" or "No" and/or comments, please)

- | | | |
|--------------------------|------------------------------|-----------------------------|
| Cooperative | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Looked to for guidance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Respectful | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Outgoing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sensitive towards others | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments:

How does this applicant react to:

Physical Discomfort: _____

Stress/Pressure: _____

Sudden changes in schedule: _____

Awkward and embarrassing situations: _____

In comparison with persons you have known, how would you rate the applicant in the following areas:

	<u>Below Average</u>	<u>Average</u>	<u>Above Average</u>	<u>Top 10%</u>
Emotional Maturity	<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"/>
Enthusiasm/Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend this applicant for participation?

- YES
 NO

Additional Comments (Use the back of this page if necessary) _____

Signature: _____ Printed Name: _____ Date: _____

Title: _____ Telephone: () _____

Relationship to Applicant: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS 2018 SUMMER OUTBOUND PROGRAM MEDICAL FORM

Delegate's Name: _____ Date of Birth: _____
Month/Day/Year

Destination Country: _____ State: _____

Must be completed by a physician

To the Examining Physician: This individual is applying for a cross-cultural exchange program. Delegates live as a member of a family in a host country. Not everyone is equipped mentally and physically for this experience. The applicant must have a high degree of motivation and the ability to adjust to different social and cultural backgrounds - sometimes under difficult circumstances. Sound health is vital. Your careful and complete evaluation of the applicant's health will be helpful in determining his/her assignment. If the applicant is accepted for participation, necessary immunizations will be required. *This form must be completed based on the examination which occurs within one year of the date of departure.

1. Does he/she have any allergies or reactions to drugs or non-drug items?

Medicines:

Penicillin or Related Drugs: Yes No

Aminopyrine or Sulpyrine Type Drug: Yes No

Others: _____

Types and degree of reaction: _____

Non-Drug Items:

Bees Pollen Dogs Cats Small Animals

Foods: _____

Other non-food items: _____

Types and degree of reaction: _____

2. Is this person subject to any of the following? If YES, please explain condition and/or frequency in detail.

Condition/Frequency

Asthma/Respiratory Problems Yes No _____

Diabetes/Hypoglycemia Yes No _____

Heart Trouble Yes No _____

Lung Trouble Yes No _____

Fainting Spells Yes No _____

Convulsions Yes No _____

Epilepsy Yes No _____

Skin Disease Yes No _____

Kidney/Gall Bladder/Liver Disease Yes No _____

Muscular/Skeletal Problem Yes No _____

Emotional or Mental Disorder Yes No _____

Stomach/Intestinal Problem Yes No _____

Any Other Disorder (Please list and explain): _____

3. Does he/she have difficulties with any of the following?

Remarks

- | | | |
|---|--|-------|
| Eyes | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Uses Contact Lenses | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Ears | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Nose | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Throat | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Digestion | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Sleepwalking | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Bed-Wetting | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Menstrual problems | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Any other Difficulties: (Please list) _____ | | |

4. Any surgical operations, accidents, or injuries which required hospitalization in the past?

Yes No Explain: _____

5. Are there any physical activities that the he/she is restricted from doing?

Yes No If YES, please list: _____

6. If an applicant is carrying medicines/prescriptions, fill in the following.

Name of Medicine	Illness/Symptoms	Dosage/Times Taken

7. Any recent exposure to a contagious disease?

Yes No Explain: _____

8. Is this person currently under a doctor's care (for reasons other than routine care)?

Yes No Explain: _____

9. Any additional information the host parents should be aware of?

Yes No Explain: _____

10. Inoculation History - fill out below or attach vaccination records.

Vaccine	Number	Date of injection	Vaccinated by/at	Contracted?	Date contracted (M/D/Y)
Measles	1st <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2nd <input type="checkbox"/>				
Mumps	1st <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2nd <input type="checkbox"/>				
Rubella	1st <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2nd <input type="checkbox"/>				
Chickenpox	<input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Polio (OPV)	1st <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2nd <input type="checkbox"/>				
	3rd <input type="checkbox"/>				
	4th <input type="checkbox"/>				
DPT Diphtheria Pertussis Tetanus	1st <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2nd <input type="checkbox"/>				
	3rd <input type="checkbox"/>				
	4th <input type="checkbox"/>				
	5th <input type="checkbox"/>				
Tuberculosis	<input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hepatitis B	1st <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2nd <input type="checkbox"/>				
	3rd <input type="checkbox"/>				
Others				Yes <input type="checkbox"/> No <input type="checkbox"/>	

11. Considering the statements above, your examination, and any information you may have provided in connection with the above questions, is there any reason you would question his/her participation in this program?

Yes No Explain: _____

For additional comments, please use an extra sheet of paper.

Date of examination upon which this report is based: _____

I have given a thorough physical examination and reviewed the medical history of the delegate. I certify that all important medical information has been included and that the above information is complete and accurate.

<p>Physician's Name/Address</p> <p>_____</p> <p>_____</p> <p>Date: Month/Day/Year _____</p>
--

<p>Physician's signature</p>



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS 2018 SUMMER OUTBOUND PROGRAM MEDICAL FORM

予防接種記録・病歴 (医師に英語で記入してもらって下さい。)

Delegate's Name: _____ Date of Birth: _____
参加者名 生年月日 Month/Day/Year

Name of Japanese Organization (Labo/LEX/Utrek): _____ State: _____
交流団体記入欄 州 (米国人用)

Must be completed by a physician

To the Examining Physician: This individual is applying for a cross-cultural exchange program. Delegates live as a member of a family in a host country. Not everyone is equipped mentally and physically for this experience. The applicant must have a high degree of motivation and the ability to adjust to different social and cultural backgrounds - sometimes under difficult circumstances. Sound health is vital. Your careful and complete evaluation of the applicant's health will be helpful in determining his/her assignment. If the applicant is accepted for participation, necessary immunizations will be required. ***This form must be completed based on the examination which occurs within one year of the date of departure.**

主治医の皆様へ：上記生徒は、国際交流活動に参加いたします。つきましては、4-8 週間の海外生活に支障のない健康状態であるかどうか、本人と面談の上、下記3枚の項目について記入し、ご署名下さいますようお願い申し上げます。

1. Does he/she have any allergies or reactions to drugs or non-drug items?

アレルギー、薬品の副作用がありますか？

Medicines: 薬品でアレルギーをおこすもの

Penicillin or Related Drugs (ペニシリン系薬品) : Yes No

Aminopyrine or Sulpyrine Type Drug (ピリン系薬品) : Yes No

Others (その他) : _____

Types and degree of reaction (反応の症状と程度) : _____

Non-Drug Items: 薬品以外でアレルギーをおこすもの

Bees (蜂) Pollen(花粉) Dogs(犬) Cats (猫) Small Animals (小動物)

Foods (食べ物) _____

Other non-food items (その他) : _____

Types and degree of reaction (反応の症状と程度) : _____

2. Is this person subject to any of the following? If YES, please explain condition and/or frequency in detail.

下記の病気や症状がありますか？あれば症状、頻度も書き添えて下さい。

Condition/Frequency 症状・頻度

Asthma/Respiratory Problems (喘息・呼吸器の病気) Yes No _____

Diabetes/Hypoglycemia (糖尿病・低血糖) Yes No _____

Heart Trouble (心臓疾患) Yes No _____

Lung Trouble (肺疾患) Yes No _____

Fainting Spells (失神) Yes No _____

Convulsions (ひきつけ痙攣) Yes No _____

Epilepsy (てんかん) Yes No _____

Skin Disease (皮膚の病気) Yes No _____

Kidney/Gall Bladder/Liver Disease (腎臓・胆嚢・肝臓) Yes No _____

Muscular/Skeletal Problem (筋肉又は骨の障害) Yes No _____

Emotional or Mental Disorder (情緒不安定) Yes No _____

Stomach/Intestinal Problem (胃腸障害) Yes No _____

Any Other Disorder (Please list and explain) その他の病気や症状があれば説明してください。 _____

3. Does he/she have difficulties with any of the following?

下記の障害や、健康上注意を要する点がありますか？あれば、注意書きも書き添えて下さい。

Remarks 注意書き

- Eyes (視力等、目の障害) Yes No _____
- Uses Contact Lenses (コンタクトレンズ使用) Yes No _____
- Ears (聴力等、耳の障害) Yes No _____
- Nose (鼻の障害) Yes No _____
- Throat (咽喉障害) Yes No _____
- Digestion (消化障害) Yes No _____
- Sleepwalking (夢遊病) Yes No _____
- Bed-Wetting (夜尿症) Yes No _____
- Menstrual problems (生理障害) Yes No _____
- Any other Difficulties: (Please list) _____
その他の障害

4. Any surgical operations, accidents, or injuries which required hospitalization in the past?

今までに手術や事故、またはけがで入院した事がありますか？

Yes No Explain: あればどんなけが、手術だったか記入して下さい。 _____

5. Are there any physical activities that the he/she is restricted from doing?

健康上制限されている行動がありますか？あれば、説明して下さい。

Yes No If YES, please list: _____

6. If an applicant is carrying medicines/prescriptions, fill in the following.

Please note that common ADD/ADHD medications, such as Adderall (amphetamine and dextroamphetamine), are illegal in Japan.

薬品又は処方箋を留学先に携帯してくる場合は下記に記入して下さい。処方箋の場合は、薬品名の前に"P"と記入して下さい。

Name of Medicine 薬品名	Illness/Symptoms 病名・症状	Dosage/Times Taken 服用 (量・回数)

7. Any recent exposure to a contagious disease? 最近、伝染病にかかったことがありますか？

Yes No Explain: あればどんな伝染病だったか記入して下さい。 _____

8. Is this person currently under a doctor's care (for reasons other than routine care)?

現在医者にかかっていますか？あれば何のためにかかっているか記入して下さい。

Yes No Explain: _____

9. Any additional information the host parents should be aware of?

ホストが知っておいた方がよい健康上の問題がありますか？

Yes No Explain: _____

10. Inoculation History 予防接種記録 - fill out below or attach vaccination records.

Vaccine ワクチン	Number 回数	Date of injection 接種年月日	Vaccinated by/at 予防接種実施場所	Contracted? 発症歴の有無	Date contracted (M/D/Y) 発症年月日
Measles はしか	1st <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2nd <input type="checkbox"/>				
Mumps 流行性耳下腺炎	1st <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2nd <input type="checkbox"/>				
Rubella 風疹	1st <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2nd <input type="checkbox"/>				
Chickenpox 水痘	<input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Polio (OPV)小児麻痺	1st <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2nd <input type="checkbox"/>				
	3rd <input type="checkbox"/>				
	4th <input type="checkbox"/>				
DPT 三種混合 Diphtheria ジフテリア Pertussis 百日せき Tetanus 破傷風	1st <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2nd <input type="checkbox"/>				
	3rd <input type="checkbox"/>				
	4th <input type="checkbox"/>				
	5th <input type="checkbox"/>				
Tuberculosis 結核	<input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hepatitis B B型肝炎	1st <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2nd <input type="checkbox"/>				
	3rd <input type="checkbox"/>				
Others その他				Yes <input type="checkbox"/> No <input type="checkbox"/>	

11. Considering the statements above, your examination, and any information you may have provided in connection with the above questions, is there any reason you would question his/her participation in this program?

以上の診察の結果、国際交流参加に健康上なんらかの支障があると思われませんか？無ければNoに、あると思われる場合はYesにX印を付け、下線部にその理由を説明して下さい。

Yes No Explain: _____

For additional comments, please use an extra sheet of paper.

健康状態で事前にホストファミリーに伝えておきたいことがあれば別紙に記入して下さい。

Date of examination upon which this report is based: _____

診察年月日

I have given a thorough physical examination and reviewed the medical history of the delegate. I certify that all important medical information has been included and that the above information is complete and accurate.

以上の診察の結果、この診断書に記載されていることは、すべて事実であることを証明します。

Physician's Name/Address

医師の氏名・住所

Date: Month/Day/Year _____
記入年月日 (西暦)

Physician's signature

医師の署名



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS DELEGATE INTERVIEW FORM

Applicant Name: _____ State: _____

Interviewer Name: _____ County: _____

Interview Date: _____

*****Please note responses on a separate sheet of paper and attach to form.*****

1. Why do you want to go to abroad?
2. What do you expect from your host family?
3. What would you like to learn about the country while you are there?
4. What activities would you especially like to pursue during the program?
5. Tell us about your 4-H involvement.
6. Explain 4-H to someone who knows nothing about it.
7. How do you plan to prepare to go to the country for which you are applying?
8. What leisure activities do you enjoy?
9. Do you have any special interests/talents you would like to share with your host family?
10. What would you do if you are traveling alone to the orientation and you missed your flight?
11. What is an example of a time you have experienced adversity and how did you handle it?
12. What would you do if you did not get along with your host family?
13. In what way do you feel this experience will help you in the future?

Additional Comments from Delegate: _____

FOR INTERVIEWER USE ONLY

Would you recommend this applicant to participate in the States' 4-H International Exchange Programs?

Very Strongly

Yes

With some hesitation

No

Signature: _____ Date: _____

Title: _____ Phone: () _____