

II) TO BE FILLED IN AND SIGNED BY THE PRACTITIONER

This questionnaire was compiled using information provided by the French National Medical Association . It takes into account the specific nature of this program of prolonged-stay abroad for students .

a. Height and Weight in centimeters and kilograms respectively

HEIGHT : / cm

WEIGHT : / kg

b. Full description of the state of the candidate's lungs :

c. Do you consider the applicant to be physically and mentally able to teach children of various ages for approximately 12 hours per week? (Please check the appropriate box or circle the appropriate answer).

YES / /

NO / /

d . Does the applicant show any symptoms of contagious disease , fatigue or physical disability ?

YES / /

NO / /

e. In your opinion , the applicant's health and physical condition are :

Excellent / / Poor / /

Good / / Bad / /

f. : Does the candidate suffer from any physical or mental complaint(s) that would adversely affect a prolonged stay abroad ?

g. Observations :

NAME AND TITLE OF THE PRACTITIONER :

SIGNATURE :

DATE :

Address :

Phone

Before leaving the applicant should contact the respective Consulate for information about compulsory vaccinations and able to show the required certificates upon request.