PHYSICIAN'S CERTIFICATE
TEACHING ENGLISH IN POLAND • LANGUAGE IMMERSION/ARTS ENRICHMENT PROGRAM • 2010

TO THE APPLICANT: This form is to be completed by a physician familiar with your health and medical history and on the basis of a recent physical examination. Please fill in Physician's information legibly.

Applicant's Name _____

Physician's Name _____

Physician's Street Address _____

City/State/Zip Code _____

Telephone _____ Fax _____ E-mail: _____

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 student assistants to teach English to elementary, middle or high school students in Poland for one month. 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. We would appreciate your evaluation of the candidate's physical/ mental /emotional health status and your certification that he or she is of sufficiently good health to participate in this program. 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. Please return this form directly to the Kosciuszko Foundation. Thank you for your cooperation.

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
__ Diabetes
__ Serious drug or food allergies
__ Asthma
__ Thyroid disorder
__ Gastric or intestinal disorder
__ Other _____
__ Coronary disease/disorder
__ Hypertension
__ Mental/psychological disorder
__ Physical disability
__ Drug/alcohol/narcotic addiction
__ None of those listed here

____ I CERTIFY THAT THE APPLICANT IS IN GOOD HEALTH, IS PHYSICALLY FIT, AND IS ABLE TO 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

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.

_____ _____
Applicant's Signature Date

Please return to: The Kosciuszko Foundation
Teaching English in Poland Program
15 East 65th Street, New York, NY 10021
Tel. Ms. Anna (212) 734-2130