

## 填表指南

### Tips for Application Package

(因不同境外接待机构的表格略有不同, 此指南只做参考)

请在填表前仔细阅读以下注意事项:

- 不可留空白, 所有资料需填写清楚, 如有空白处, 请填上 N/A;
- 附上 6 张二寸露齿微笑大头照 (每一张背后均写上护照英文全名);
- BIRTH CERTIFICATE 填写完整, 打印出来后父母签字;
- FAMILY ALBUM 附上 6 张个人生活照 (与同学、家庭在一起的照片, 获奖、家中生活..等照片) 并对每张照片给予英文说明; 需要通过照片展示你开朗、阳光、善于与人相处的性格特征;
- TEACHER RECOMMENDATION 请教师细致地给予学生评价, 文字不要太少;
- SCHOOL RECORD TRANSCRIPT 英文成绩单要填写出中国学校的成绩和学科的学时, 美国成绩部分由我们填写. 英文成绩单可打印出来后手填, 但必须要整洁. 然后加盖学校公章并有老师签字;
- 为了使文件填写清晰, 可使用电子版, 但需签名处必须由相关者签字, 并注明日期;
- CERTIFICATE OF HEALTH 可打印出来再填写 (要整洁, 清楚), 然后由医师签字, 医院 (校医院和社区医院均可) 盖章. 免疫证明部分请按照学生免疫本填写;
- 按照页码规定范围内填写, 不要超出. (除个人陈述部分外)。



### Student Application

Page1

学生申请表

Place Photo Here

在这附上照片

Put X for period 在框里填入 X

<input type="checkbox"/> year student 年度学生 <input type="checkbox"/> Semester student 学期学生     Departure: 启程时间 <input type="checkbox"/> January 一月 <input type="checkbox"/> Aug/Sept/八月/九月	
Student's Name: 学生姓名	Last 姓     First 名
Middle 中名	
Home Address: 家庭住址	Street 街/路     Postal Zone 邮政编码     City 城市
Country 国家	
Home telephone: 家庭电话	Fax 传真     Area code 地区编码
E-mail 电子邮箱	Date of Birth 出生时间     Month 月     Day 日
Year 年	
Place of Birth 出生地	Country of Birth 出生国家
Passport number 护照号	Country issuing passport 发行护照的国家
Expiration date of passport 护照到期时间	Month 月     Day 日     Year 年
<input type="checkbox"/> Male 男性 <input type="checkbox"/> Female 女性     Do you smoke? 你吸烟吗? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是	
Height 身高 M 米     cm 厘米	Weight 体重 Kilos 公斤     Eye colour 眼睛颜色     Hair colour 头发颜色
Religion 信仰 <input type="checkbox"/> Little Interest 一点兴趣 <input type="checkbox"/> Active 积极 <input type="checkbox"/> Very Active 非常积极	
How actively would you like to pursue your religion whilst an exchange student? 作为一个交换的留学生你是如何积极的从事你的宗教信仰的? <input type="checkbox"/> Occasionally 偶尔 <input type="checkbox"/> Monthly 每月一次 <input type="checkbox"/> Weekly 每周一次 <input type="checkbox"/> Very actively 非常积极	
<b>Father or legal guardian 父亲或合法监护人</b> Last name 姓     First name 名 Address 地址 Postal Zone 邮 编 号 码     City 城市 Country 国家 Telephone number 电话号码     Area code 地区 编码 Tel Business 办公电话     Area code 地区 编码 Date of Birth 出生日期     Month 月     Day 日 Year 年 Occupation/Title 职业/名称 Understands spoken English: Excellent <input type="checkbox"/> Average <input type="checkbox"/> Little <input type="checkbox"/> Understands written English: Excellent <input type="checkbox"/> Average <input type="checkbox"/> Little <input type="checkbox"/>	<b>Mother or legal guardian 母亲或合法监护人</b> Last name 姓     First name 名 Address 地址 Postal Zone 邮 编 号 码     City 城市 Country 国家 Telephone number 电话号码     Area code 地区 编码 Tel Business 办公电话     Area code 地区 编码 Date of Birth 出生日期     Month 月     Day 日 Year 年 Occupation/Title 职业/名称 Understands spoken English: Excellent <input type="checkbox"/> Average <input type="checkbox"/> Little <input type="checkbox"/> Understands written English: Excellent <input type="checkbox"/> Average <input type="checkbox"/> Little <input type="checkbox"/>

Brothers and Sisters home 兄弟姐妹	First name 名	Age 年龄	Sex 性别	Living at 在家居住
<b>Nearest relative or friend if parent not available: 如果父母不在, 最近的亲戚或朋友 (此项必须要填写一个在紧急情况下能够联络上的人的姓名, 电话, 地址, 与学生的关系等详细情况。以备紧急情况。)</b>				
Last name 姓 编码	First name 名	Telephone number 电话	Area code 地区	
Address 地址	Postal Zone 邮编号码	City 城市	Country 国家	
Relationship 关系				
List foreign languages you speak or have studied 列出你所讲的或者是学过的语种				
<b>Language 语言</b>	<b>Years of study 学习的年限</b>	<b>proficiency 熟练程度</b>		
English 英语		<input type="checkbox"/> Average 一般 <input type="checkbox"/> Good 好 <input type="checkbox"/> Excellent 优秀 <input type="checkbox"/> Average 一般 <input type="checkbox"/> Good 好 <input type="checkbox"/> Excellent 优秀 <input type="checkbox"/> Average 一般 <input type="checkbox"/> Good 好 <input type="checkbox"/> Excellent 优秀		
<b>List hobbies, interests (including sports) you participate in - in order of importance of you.</b> 依照对你来说重要的顺序, 列出你的兴趣, 爱好 (包括运动方面) <b>Describe any musical or artistic interests you may have.</b> 描述任何你有的在音乐或艺术方面的兴趣 <b>Describe any part time job or work experience you have had, if any.</b> 描述任何你曾有的兼职工作或工作经历 <b>Describe any typical weekday for you</b> 描述你工作日的典型生活				

<b>What do you do in the weekends?</b> 你在周末都做些什么?	
<b>What would you like to share/teach your Host Family and your High School?</b> 对于你的接待家庭和你的高中学校你有什么想要与他们分享或是想教会他们什么吗 (例如中国的文化和历史)?	
<b>Permission for medical care and release</b> 对于医疗保障及医疗方面事宜之授权 We, as the applicant's parents or legal guardians, agree to authorize the organizer or the Host Family to act for us in any emergency, accident or illness during the period of time the student is involved in the Exchange program. This covers the period from the time the student boards transportation scheduled by the program until the student leaves the return-scheduled transportation by the program. 我们作为申请人的父母或合法监护人, 同意授权机构或寄宿家庭代处理学生在交换学习期间发生的一切紧急事故或疾病。这包括从学生预定的登机时间到课程项目结束, 学生返回预定的登机地期间。	
Signature of Father or Legal Guardian Legal Guardian 由父亲和合法监护人签名	Signature of Mother or Legal Guardian 由母亲或合法监护人签名
Date 时间    Month 月    Day 日	year 年

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<b>Birth Certificate 出生证明</b>			
Father's Name 父亲名字	Last 姓	First 名	Middle 中间名
Mother's Name 母亲名字	Last 姓	First 名	Middle 中间名
We hereby certify that our son/daughter 我们特此证明我们的儿子/女儿			Name 名字
Was born in 出生于	City 城市	Country 国家	On 在 Month 月 Day 天 Year 年
This is in accordance with the enclosed Extract of the population Register 这与户口本及护照上的摘录是一致的。			
Signature of father 父亲签名		Signature of Mother 母亲签名	
Date 日期	Month 月	Day 天	Year 年

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<b>FAMILY ALBUM 家庭照片</b>	
(照片非常重要, 同时要认真地作注释, 这是你的接待家庭对你最直观的认识和了解)	
Name: 名字	
Home country 本土国家	Date of birth 出生日期 month/day/year
Please place photo here showing you and your family and friends in the places you live or frequently go to . This is an album for your host family showing the things you usually do or like to do, so they can understand the way you live. 请在这里贴上你的照片, 照片可以显示出你和你的家庭还有你朋友居住的地方以及你们经常去的地方。这张相片可以表示出你的家庭经常喜欢做的事情, 因此他们可以明白你的生活方式。	
Place Photo Here 在这里贴上照片	
Describe the photo below: 描述以下的照片	

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<b>TEACHER RECOMMENDATION</b>				
老师推荐信				
<b>To the teacher:</b> 给老师				
In the selection of student for the high school program we are looking for mature students who will be good representatives of their home country and their school. The teacher's evaluation has proved to be a most reliable aid in helping us in our selection. If the students is selected to our program this form will be sent to the school. Therefore we would greatly appreciate your cooperation by completing questionnaire. (This evaluation will be held in strict confidence.) 对于参加高中交换学生生源的选择, 我们寻找那些成熟的、可以很好的代表他们国家及学校的学生。老师的评估会成为帮助我们做出选择的最为可靠的证明。被这个项目选中的学生, 这张表会被寄往国外学校, 因此我们将会十分感激您在完成这些问卷调查中的合作。( )				
<b>Please complete in English 用英文填写( type or print) (打字或用正楷填写)</b>				
Student's Name 学生姓名	Last 姓	First 名	Telephone 电话	Area code 区域邮编
Home Address 家庭住址	Postal Zone 邮政编码	City 城市	Country 国家	

**To be filled in by the Teacher:** 由老师填写完成

Teacher's Name 教师姓名	Last 姓	First 名	Telephone 电话	Area code 区域邮编
Name of School 学校名称	Subject taught to applicant 教授申请人的课程			
School Address 学校地址	Street 街道	Postal zone 邮政编码	City 城市	
Application is presently enrolled in grade 申请人目前读几年级?				

**学生评语参考:**

- When he applies himself he is an able student. He is a mature individual who usually approaches his work conscientiously. In the few months that I have been his English teacher, he has shown improvement in all language areas, and I expect that he will continue to improve in the future. He is capable of setting realistic goals for himself, and of taking the necessary steps to achieve those goals. I am confident that he will be able to quickly adapt to life in the United States, and do successfully complete his education there.
  - I am favorably impressed with her lively classroom participation. She is always attentive in class and willing to share what she knows with others. She holds positive learning attitude, raising her questions properly and expressing her feedback actively. In brief, she is an ambitious learner.
  - Due to her outgoing personality, she has the advantage of learning to speak better. She is not afraid of making mistakes. I think she is a better speaker and listener than most girls in her age.
  - She is active in learning, and much motivated in her academic work. She cooperated with her classmates well in school and her easy going personality brings her everywhere. She's willing to help others. She is also hard-working and achievement-oriented. Her performance in school is much pleased by teachers and schoolmates. I should guarantee a very successful year in your school.
  - She is a highly motivated student. She constantly sets goals and achieves them and has a burning desire to succeed. She spends the better part of her day at school occupied with school activities from 8AM-9PM. She reviews work on a daily basis and is always prepared for class tests and major examinations. Schooling activities are her No. 1 priority.
  - He has a very strong interest in learning English. Whenever he has spare time, he listens to the English program on the radio and reads English magazines regularly to practice English. He has good study habits. He never delays in handing in his reports or other homework. He likes to ask questions.
  - He is a highly motivated student who eager to grasp all opportunities to learn English. He recently participated in an English Language Winter Camp. The participants were restricted to speak only English for 3 days. He surely enjoyed this experience and gained a lot of confidence from it too.
  - Although he is not so outstanding in the class, he usually tries his best to catch up with his classmates. In class, he is attentive to what the teacher says and takes notes. Out of class, he also does his best to finish the homework and hand in the homework on time. He seldom asks questions but as a whole, his classroom participation is satisfactory.
  - He is a quiet and corporative member of my class.
  - The student has learned English since she's five and has traveled many countries with her parents for the past ten years. Thus, she knows English is very important to her. She has high motivation in learning English and is also good at science and math. She has very good study habits and enjoys asking questions and expressing her own ideas.
  - Has generally worked well in most subjects.
- I have acted as director of a language school in Taiwan for eight years. Jenny is one of the top three students in terms of skill and motivation. She has shown surprising independence and motivation to improve her language skills.

**请评论这个学生的个性、学习态度和习惯参考：**

He is optimistic, willing to change himself to be upward.

He is active and aggressive in learning, especially in English, swimming, and computers. His personality is optimistic and friendly. When it comes to helping people around him, he is always helpful. In daily life, he gets along well with his family and classmates.

The student is active in her leaning and enthusiastic in doing everything. She gets along well with teachers as well as classmates. She has a likeable personality.

She is so positive, optimistic, clever and outgoing. She has strong motivation and intension in learning. She's inherited with the abilities of language and literature. In addition, she always catches deeply the pint of any topic easily.

He is a self-disciplined student, and he is the role model for many other students in class. I am very thankful for having such a wonderful student in class.

I have been teaching this delightful student for a year and it's a pleasure to have her in my class. She's very organized with her work and studies. And has the ability to go beyond the requirements of the teacher. Her curiosity and diligence for English is demonstrated through her positive and outgoing personality. She puts forth much enthusiasm in all activities performed in the classroom. She will undoubtedly make an influential university and graduate student.

He is a honest boy and willing to help other classmates. Like most teenagers, he loves to play sports, such as swimming, basketball and running. He is motivated to study hard and look forward to studying in the U.S.A.

He is a student full of confidence, diligence and strong character. He has great ability to work independently. Not only is she faithful in the performance of her studies, but perseveres in her lessons and concentrates on her work.

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**2.School attitude 学校的态度**

The school experience is as important as the host family experience in the host country. The greater part of the student's stay will be spent in school or in school activities. Maturity and attitude toward school and schoolwork are very important. How do you feel about the student's attitude toward school and schoolwork?

在接待国家里，交换生给学校的感受和给接待家庭的感受是一样重要的。学生大部分的时间都花在学校里和学校的活动上，因此学生针对学校和学校作业的态度是十分重要的。您对于该学生在学校和学校作业上的态度是怎么看的？

Great Interest 非常感兴趣    Average Interest 一般感兴趣    Little Interest 很少的兴趣

Comments 评语（以下几点作为评语的参考）

**3. Overall qualifications 整体条件**

Based on your experience what is your evaluation of the potential success of this applicant as an exchange student in a host country?

根据您的经验来说，您怎样评估这位交换学生申请人在接待国家可能达到的成功？

Very good 非常好                       Good 好                       Average 一般                       Poor 很差

Comment 评估

Please comment on the character, motivation, and study habits of the student. 请评论这个学生的个性、学习态度和习惯。

Teacher's signature 教师签字

<b>CERTIFICATE OF HEALTH 健康证明</b> To be completed by a medical doctor 由医师完成填写 (please type or print) 打印或用正楷填写					
Student's Name 学生姓名	Last 姓	First 名	Middle 中间名		
Home Address 家庭住址	Street 街道	Postal zone 邮政编码	City 城市	Country 国家	
Home telephone 家庭电话	Area code 区域邮编	Fax 传真	Area code 区域邮编		
E-mail 电子邮件					
Date of Birth 出生日期	Month 月	Day 天	Year 年	Sex:性别	Male 口男性 Female 口女性
Height 身高			Weight 体重		
Pulse rate 脉搏			Is pulse rhythm normal? 脉搏节奏正常吗?		
Blood pressure:血压 Systolic 心脏收缩			Diastolic 心脏舒张		
Are papillary and knee reflexes normal? 瞳孔转动和膝盖弯屈正常吗?					
What is the applicant's vision:申请人的眼睛视力: Without eyeglasses? 不戴眼镜 OD..... OS.....					
With eyeglasses? 戴眼镜 OD..... OS.....					
(OD) Ocular Dexter 眼睛视力好			(OS) Ocular Sinister 眼睛视力不好		
	<b>YES</b>	<b>No</b>		<b>YES</b>	<b>No</b>
Allergies 敏感症	口	口	Heart or Blood Vessels 心脏和血管	口	口
Appendicitis 阑尾炎	口	口	Malaria 疟疾	口	口
Has his/her appendix been removed? 你的阑尾曾经被摘除过吗?	口	口	Pneumonia 肺炎	口	口
Asthma 哮喘	口	口	Rheumatic Fever 风湿热	口	口
Cancer Tumors 癌症肿瘤	口	口	Scarlet Fever 猩红热	口	口
Convulsive Disorders 痉挛	口	口	Smallpox 天花	口	口
Diabetes 糖尿病	口	口	Tuberculosis 肺结核	口	口
Eating Disorders 饮食混乱	口	口	Typhoid Fever 伤寒症	口	口
Epilepsy 癫痫症	口	口	Thyroid Disease 甲状腺疾病	口	口
German Measles 风疹	口	口	Serious or Persistent Cough 严重持续的咳嗽	口	口
Hepatitis 肝炎	口	口	Serious or Persistent Headache 严重持续头痛	口	口
Hernia 疝气	口	口	Migraine 偏头痛	口	口
Has he/she been operated for hernia? 他/她曾经做过脱肠的手术吗?	口	口	Ulcer 溃疡	口	口
If yes, successful? 如果是, 成功了吗?	口	口	Vertigo, Dizziness 眩晕	口	口
			Other Abdominal Organs 其它腹部的器官	口	口
			Skin(Acne,etc)皮肤(痤疮)	口	口
<b>Any disease, impairment, or abnormality of:</b>					
疾病, 损伤, 或畸形					
Eyes or Sight 眼睛视力	口	口	Lungs, Respiratory System 肺脏, 呼吸组织	口	口
Ears or Hearing 耳朵听力	口	口	Bones, Joints or Loco motor System 骨头, 运动系统	口	口
Nose or Throat	口	口	Brain or Nervous System 大脑或神经系统	口	口
Tonsils, Nose or Throat	口	口	Blood or Endocrine System 血液, 内分泌系统	口	口
Have his/her tonsils been removed? 扁桃体是否曾有割除?	口	口	Other 其它.....	口	口
Stomach or Digestive System 胃部和消化系统	口	口	Genito-Urinary System 生殖泌尿系统	口	口

<p>Please give full information (including date and details) about every disease or impairment mentioned in any of the questions on the first page          请给出在第一页问题中提到的每一种疾病和损伤全面的信息（包括日期和详细说明）</p>
<p>Has the applicant ever been hospitalized? 申请人曾经就医过吗? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>          If yes, please give date, diagnosis and outcome of each illness or accident.          如果是，请给出每一次生病与事故的日期，诊断和结果。</p>
<p>Is the applicant currently taking any injections or medication? 申请人最近有没有打过针或服用药物? Yes <input type="checkbox"/> No <input type="checkbox"/>          If yes, please give names of medications and injections and diagnosis 如果是，请给出药物和注射的名称以诊断结果</p>
<p>Does the applicant have a history or present evidence of nervous, emotional or mental abnormality? For example, is there any history of anorexia/bulimia, enuresis, nervous breakdown, nervous fatigue, and recurrent nightmare, sleeping walking, stammering, stuttering or other similar conditions? 申请人曾经及现在有过紧张，情绪或精神的不正常吗？例如有过厌食，遗尿，神经失常，神经衰弱，经常的夜梦，梦游，口吃的历史或其它一些情况吗? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>          If yes, please give details 如果有，请给出详细资料</p>
<p>Has the applicant ever consulted a neurologist, psychiatrist, psychologist or any other specialist in nervous, emotional or eating disorders? 申请人曾经咨询过神经科医生，精神病学家，心理医生，或其它一些在神经，情绪和食用混乱方面的专家吗?          Yes <input type="checkbox"/> No <input type="checkbox"/>          If yes, please give details 如果有，请给出详细的说明</p>
<p>Does the applicant have any health limitations or do you know of any pertinent medical information, which is important for us to know should the applicant be considered for placement abroad? 申请人是否有过身体上的缺陷，或相关的对我们很重要的体检的信息，可以让我们知道是否会考虑让申请人出国。  <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>          If yes, please comment fully 如果有，请详细说明</p>
<p>Will the applicant need any orthodontic care during the coming year? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>          申请人在接下来的一年是否需要任何的牙齿矫正照顾?          If yes, attach a statement from the orthodontists; indicating present status, exact care essential to the orthodonture and date care will be completed. 如果是，请附上整牙医生的说明，简要说明目前的情形，牙齿矫正确切的照顾和完成的时间</p>
<p>Has the applicant any history or present evidence of any allergy? 申请人有过以前或是现在有过敏感症的现象吗?          Type of allergy (e.g. eczema, hives, hay fever, asthma or other)          打出所有的敏感症（例如，湿疹，麻疹，花粉热，哮喘，或其它）</p>
<p>Allergen (food, drug, pollen or other) if known 过敏(食物，药物，花粉或其它)你知道的          Year of onset 发作的年数          Frequency of symptoms 症状频率          Duration of symptoms (hours? days) 症状的持续时间（小时？/天）          When were the last symptom (month and year) 最后一次症状出现的时间（月或年）          Describe symptoms in detail and indicate severity 描述症状的详细资料及指出它的严重性</p>



<p>Have the allergic symptoms ever interfered with the patient's ordinary activities at home or at school? 过敏的症状曾经影响过病人在家里或学校的正常活动吗? Please give details and dates 请给出详细的资料和日期</p>
<p>In the past year has the applicant received for the allergy(ies)在过去几年里申请人得过任何的敏感症吗? a) injected medications( give names, dosages and date) 注射的药物 (给出名称, 用量和日期) b) oral medications( give names, dosages and dates)口服药物 (给出名称, 用量和日期)</p>
<p>Please indicate any treatment for allergy expected during the coming two years by means of 请指出在接下来的两年里任何的敏感症的治疗, 通过: a) Injected medications (give names, anticipated dosages and dates) 注射的药物 (给出名称, 预期的用量和日期) b) Oral medications( give names, anticipated dosages and dates) 口服药物 (给出名称, 预期的用量和日期)</p>
<p>Has the applicant had asthma? ( if so, give details and dates) 申请人有哮喘吗? (如果有, 给出详细的说明和日期) When will allergy treatment and medication be entirely discontinued? 什么时候敏感症的治疗和药物治疗可以完全停止?</p>
<p>How long has the application been your patient? 申请人成为你们的病人已经多长时间了? In my opinion the general state of application's health is (check on) 以我的观点来看, 申请人的身体情况是 (检查) Excellent 很好 Good 好 Fair 一般 poor 很差</p>
<p>Comments 评语 Name of physician (type of print) 医生的姓名 (签字或打印) Degree 学历水平 Street 街道 Date of Examination of student 学生检查日期 Day 天 Year 年 Postal Zone 邮政号码 City 城市 Country 国家 Signature of Physician 医生签名</p>

<p align="center"><b>MMUNIZATION CERTIFICATE 免疫证明</b> TO BE COMPLETED BY A MEDICAL DOCTOR 由医师完成填写 <b>The following immunizations are required 以下的免疫是需要的</b></p>
<p>1. <b>Diphtheria/Tetanus-4 dates plus current booster within last 10 years 白喉/破伤风-在最后 10 年里 4 天加上最近的辅助药剂</b> month/day/year 月/天/年</p>
<p>2. <b>Polio-4 dates plus booster (Inactivated Polio Vaccine Salk)小儿麻痹口服疫苗-4 天加辅助药剂 (阻止小儿麻痹疫苗)</b> <b>OR 或者 Polio-3date plus booster ( Trivalent Oral Polio Vaccine)小儿麻痹-3 天加辅助药剂 (三天口头的小儿麻痹疫苗)</b></p>
<p>3. <b>Measles( Rubeola) -2 dates 麻疹(麻疹) 2 天</b> month/day/year 月/天/年 dates of immunization OR 免疫手术的天数 date of disease 疾病日期</p>
<p>4. <b>Rubella (German Measles)-2 dates 风疹(风疹)-2 天</b> dates of immunization OR Rubella Blood Titer Test results to prove 证明免疫的日期或风疹血液浓度测定导致的 Immunity 免疫性</p>
<p>5. <b>Mumps-2 days 腮腺炎-2 天</b> dates of immunization OR Blood Test results to prove 证明免疫的日期或血液浓度测定 immunity: 免疫性 month/day/year</p>

<b>6.Chicken Pox-date</b> 水痘	month/day/year 月/天/年
<b>7.HepatitisB-3 days</b> B 型肝炎疫苗	month/day/year 月/天/年
<p>The student may start this series of vaccinations before entering the U.S. and finish the final vaccination while attending school, as long as the first two vaccinations are administered prior to the start of school. The cost of the vaccination in the U.S. must be paid by the student because the medical insurance does not pay this cost.</p> <p>学生在进入美国之前开始这一系列的接种疫苗,并且在进入学校时完成最终的接种疫苗,只要在学校开学前完成前面两个接种疫苗。在美国接种疫苗的费用由学生自己支付,医疗保险不包括付这项成本</p>	
<p>This student <input type="checkbox"/> <b>has</b> <input type="checkbox"/> has not been immunized against tuberculosis. If the student has not been immunized, he or she must have a Tuberculosis Skin Test (otherwise known as Tine Test). Students who have been immunized against tuberculosis should not be given a Tuberculosis Skin Test. Most American high school will test incoming exchange students for Tuberculosis.</p> <p>The BCG Vaccine is not a guarantee of immunity. Students testing positive for Tuberculosis may be required to have a chest x-ray to prove that he or she does not have Tuberculosis. The cost of x-ray must be paid by the student, as medical insurance will not pay this cost</p> <p>这个学生以前有还是没有过肺结核免疫。如果学生还没有免疫,他或她必须有一个肺结核皮肤测试。学生已经接受肺结核免疫不用再接受肺结核皮肤测试。卡介苗(可预防肺结核的疫苗)不能保证免疫性。学生需要积极的测试肺结核,需要照 X 光证明他/她没有肺结核.X 光的成本将由学生自己支付,作为医疗保险不会支付这项成本。</p>	
<p><b>TEST T.B. Skin Test</b> 皮肤测试    Month/day/year 月/天/年    Result 结果    <input type="checkbox"/> Immune 免疫的    <input type="checkbox"/> not Immune 不是免疫的</p> <p>Signature of Physician 医师签名                      Name of Physician(print or type)医师姓名                      Month /Day/ Year 月/天/年</p>	
<p><b>PERMISSION FOR MEDICAL CARE AND RELEASE</b> 医疗保健许可和免除</p> <p>We, as the applicant's parents or legal guardians, agree to authorize the organizer or the Host Family to act for us in any emergency, accident or illness during the period of time the student is involved in the Exchange Program. This covers the period from the time the student boards transportation scheduled by the Program until the student leaves the return transportation scheduled by the Program.</p> <p>我们作为申请人的父亲或合法担保人,同意授权在学生作为交换留学生期间,有任何紧急,事故或生病,机构或寄宿家庭都可以为我们处理。这包括从学生预定的登机时间到课程项目结束,学生返回预定的登机地。</p> <p>We hereby certify that the information given in this Certificate of Health is complete and accurate.</p> <p>我们在此保证这张健康证明上所有给出的信息都是完整和正确的。</p>	
Signature of Father or Legal Guardian 父亲或合法担保人签名	Signature of Mother or Legal Guardian 母亲或合法担保人签名
Date 日期 Month/Day/Year 月/天/	