



Applicant's Name

## Youth Exchange Program

Supplemental information about applicants  
for

### Applicant's Personal Background

Please answer fully the following questions:

#### health conditions of the participant

Use additional sheets of paper if necessary

Diagnosis
Health insurance company
Medical orthopaedic helps (wheelchair, crutches,...)
Allergies
Diet
Medicaments (dispensing) – it is necessary to have all medicaments with
If you are applying with your PCA, it would help us if you send your applications together. Please, give the name of your PCA (first name, family name)
PCA's date of birth (dd/mm/yy)