

Medical Statement Form

This form must be completed and signed by a licensed physician. Your application will not be processed without this form. All information will be kept confidential by Worldwide Farmers Exchange. You can find instructions on the [last page of this document](#).

Name of patient

Height meters Weight kilograms Age years

How long have you known the patient?

Please answer the following. If the answer is "Yes," please explain in the comments section below.

- Are you familiar with the patient's family history? Yes No
- Is the patient currently receiving medical treatment or taking prescription or other drugs? Yes No
- Does the patient have an existing medical condition (such as asthma or hernia)? Yes No
- Has the patient ever suffered from a nervous, mental, or emotional disorder? Yes No
- Does the patient drink alcohol? Yes No
- Does the patient smoke cigarettes? Yes No
- Is there any medical reason the patient should not participate in an agricultural work experience training program in the U.S. which may require strenuous tasks? Yes No

Comments

Note: WFE recommends a current tetanus immunization before travel.

Physician's signature Date

Name and title of physician *(please print)*

Address License number

Form Instructions

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Please answer all questions as completely as possible. If you have any questions about the form, please contact us and our staff members will help you through the process.

If your physician is using [Adobe Reader](#), he or she should be able to enter your information directly in this PDF. Once your information is complete, your physician can print the form using the button below. **Make sure that your physician signs the form.**

Please send the printed, signed form to us using one of the following methods:

MAIL

Worldwide Farmers Exchange
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Berkeley, California, United States 94707

FAX (510) 558-7428

SCAN AND EMAIL app@worldwidefarmers.org