

# Medical Recommendation for Taiwan

Name: \_\_\_\_\_

Term: Fall/Winter 20\_\_\_\_\_

## To the applicant:

This is a confidential medical recommendation to ILP. The recommendation should be given to the health care professional who has treated your condition (ie. family doctor, specialist, psychiatrist, licensed therapist, etc.) References submitted by the applicant will not be accepted.

Submitting this reference to your health care provider constitutes agreement to waive your right to see it after completion.

---

## To the Health Care Professional:

International Language Programs offers employment teaching English in Taiwan. There are many challenges associated with the program, including:

- Teachers travel across many time zones and their bodies must adjust to a 15 hour time change. This is initially disruptive to sleeping and eating schedules.
- Teachers eat a native diet. The change in diet often effects their digestive systems. Also, teachers with severe food allergies cannot always be sure of the exact ingredients in their meals.
- Teachers leave their families and live in a different country surrounded by a foreign language and culture. This may create emotional stress, feelings of isolation, etc.
- Teachers are supervised by peer leaders who are not professionally trained to deal with medical emergencies or emotional illness.
- Teachers may have limited access to prescription medications.
- Teachers are in a country with a demanding work ethic and are sometimes required to spend long hours on lesson plans, progress reports, etc. The busy schedule can be stressful for some.

1. Considering the factors listed above, please complete the following:

- I recommend the volunteer without reservations.
- I cannot recommend the volunteer for this experience.
- I can recommend the volunteer upon the following conditions (please explain, use back or attach additional sheets if necessary):

2. If the applicant's condition requires medication, will the applicant be able to procure necessary medications for the entire length of their stay in Taiwan?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

**Please fax this form to 801-374-8913**

If you have questions or concerns about completing this form, or if you would like to contact us regarding the applicant or your reference, please contact Steve Brayton at (801) 374-8854, or (800) 349-1846.