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- Copy of valid passport for J-2 Child
 - Application for Program Extension (***see page 2-6 of this document***)
 - Proof of dependent status: birth certificate for child (on your Beacon application)
 - Proof of financial support for each J-2 dependent in the amount of \$1500.00 per dependent, per month (on your Beacon application)
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- Fee Disclosure Form (see pages 7-8 of this document)
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Internship USA Career Training USA

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J-2 APPLICANT

Last name:	First name:
Program Start Date (m m /dd /yyyy):	Program End Date (m m /dd /yyyy):
J-2 Contact Number in U.S. (if applicable):	J-2 Email Address (if applicable):

HEALTH INFORMATION

Have you been diagnosed with or treated for an infectious disease? Yes No
If yes, please provide details:

Have you been hospitalized or undergone surgery in the last 24 months? Yes No
If yes, please provide a date and describe any hospitalizations or surgeries you have had within the last 24 months:

Have you sought treatment from a neurologist, psychiatrist, or any other doctor specializing in the diagnosis and treatment of neurological or emotional disorders within the last 5 years? Yes No

If yes, please provide a date and describe any diagnoses and/or treatment you have received from a neurologist, psychiatrist, or any other doctor specializing in the diagnosis and treatment of neurological or emotional disorders within the last 5 years:

Are you currently taking any prescription/over-the-counter medications? Yes No
If yes, please list them:

Do you have any allergies that could impact your health and/or safety during the program? Yes No
If yes, please provide details:

Do you have any physical limitations that could impact your safe participation in the program? Yes No
If yes, please provide details:

Do you have any preexisting conditions (mental, physical, emotional or others) that may impact your safe participation in the program? Yes No

If yes, please provide details:

Is there any other medical information that may impact your ability to safely participate in the program? Yes No

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