

Health Certificate

for the Premium Programme of the Educational Exchange Service (PAD) „Deutschland Plus“

The pupil/student
(first name, last name)
date of birth has presented him / herself today and
(dd.mm.yyyy)
has been examined by a medical doctor.

As a result of this examination, it is confirmed that the pupil/student mentioned above:

	Yes	No
a) is free from infectious diseases.	<input type="checkbox"/>	<input type="checkbox"/>
b) is physically and mentally healthy.	<input type="checkbox"/>	<input type="checkbox"/>
c) does not suffer from any chronic diseases (e.g., diabetes, malaria) affecting his / her ability to travel.	<input type="checkbox"/>	<input type="checkbox"/>
d) is fit to deal with the physical and psychological challenges* of the two to four weeks' stay in Germany without any limitations.	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above points has been answered with "No", please provide a supplementary explanation by referring to the relevant letters a) to d):

I hereby confirm the validity of the information given above with my signature and stamp Place, date, stamp (Signature of the examining doctor)	Please fill out in print letters! (Name, place of practice / hospital) (First and last name of the examining doctor)
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* The activities in which the student takes part (e.g. visits to museum , sports events, city tours) often stretch into the evening hours and can involve several hours of walking every day)