



Health Certificate

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

The student
(name)
date of birth has presented him / herself today and
(dd.mm.yyyy)
has been examined by me.

As a result of this examination, it is confirmed that the student:

	Yes	No
a) is free of infectious disease.	<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 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 stay in Germany without limitation.	<input type="checkbox"/>	<input type="checkbox"/>

Date of last tetanus immunization

If you answered "No", please provide an explanation by referring to the relevant letter. Please include information on any prescription medications.

I hereby confirm the validity of the information above.	
..... Date Name and address of practice
..... Signature Print first and last name

* 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)