



## Health Certificate

for the premium program of the Educational Exchange Service (PAD)

“International Awards Programme“ / „Internationales Preisträgerprogramm“

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):

<p>I hereby confirm the validity of the information given above with my signature and stamp</p> <p>.....</p> <p>Place, date, stamp</p> <p>.....</p> <p>(Signature of the examining doctor)</p>	<p>Please fill out in print letters!</p> <p>.....</p> <p>.....</p> <p>(Name, place of practice / hospital)</p> <p>.....</p> <p>(First and last name of the examining doctor)</p>
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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)