KULTUSMINISTER KONFERENZ
Pädagogischer Austauschdienst

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.	☐	☐
b) is physically and mentally healthy.	☐	☐
c) does not suffer from any chronic diseases (e.g., diabetes, malaria) affecting his / her ability to travel.	☐	☐
d) is fit to deal with the physical and psychological challenges* of the two to four weeks' stay in Germany without any limitations.	☐	☐

If any of the above points has been answered with "No", please provide a supplementary explanation by refering 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)

** 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)*

Gefördert durch:
Auswärtiges Amt
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