

Gesundheitszeugnis / *Health Certificate*

Name, Vorname / *name, first name:* _____

Geburtsdatum / *date of birth:* _____

Nationalität / *nationality:* _____

Heimathochschule / *home university:* _____

Dieses Formular soll uns helfen, Ihnen während Ihres Aufenthaltes in Bonn im Notfall helfen zu können. Daher ist es wichtig, dass Sie uns auf medizinische oder psychische Probleme aufmerksam machen, damit wir angemessen reagieren können. Die angegebenen Informationen werden vertraulich behandelt. **Sie beeinflusst nicht die Aufnahme in das Programm.**
*This form will help us to provide you with the necessary medical support you may need during your stay in Bonn. It is necessary that we be made aware of any medical or emotional problems which might affect you during your stay. The provided information will be treated as confidential and will only be shared with the International Office staff. **This information will not affect your admission into the Program***

TO BE COMPLETED BY THE PHYSICIAN:

Does the above-named person have or has he/she had any disease or condition requiring medication, regular physician's care, surgery or other treatment? If yes, please state below:

Has the patient ever sought professional help for a psychiatric or emotional problem? If yes, please explain

Does he/she take any medication(s) on a regular basis? If yes, please state below:

Does he/she have any of the following? If yes, please explain type and severity:

| | | | |
|----------------------|----|-----|-------|
| Medication allergies | No | Yes | _____ |
| Food allergies | No | Yes | _____ |
| Other allergies | No | Yes | _____ |
| Asthma | No | Yes | _____ |
| Diabetes | No | Yes | _____ |
| Epilepsy | No | Yes | _____ |

Immunization record –

DPT

Tetanus

Hepatitis A

Hepatitis B

Do you consider the patient to be in adequate mental and physical health for full and successful participation in the study abroad program?

Name and Address of Physician: _____

Physician's signature: _____