



Health Certificate for the Premium Programme of the Educational Exchange Service (PAD)

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
a) is free from infectious diseases.	<input type="checkbox"/>
b) is fit to deal with the physical and psychological challenges* of the two to four week's stay in Germany without any limitations.	<input type="checkbox"/>

Should the pupil suffer from any chronic and/or psychological disorders or indispositions, the following additional information on necessary medication and/or instructions on how to meet any specific requirements are to be observed:

Documentation of vaccination / immunity against measles:

	Yes
a) Immunization (the student / pupil has been vaccinated): Date of vaccination: [vaccination booklet, vaccination records were presented or issued]	<input type="checkbox"/>
b) Confirmation that the student/pupil has suffered from measles in the past and therefore enjoys immunity to measles.	<input type="checkbox"/>
c) Contraindication (the student / pupil cannot be vaccinated for medical reasons). [confirmation by a relevant doctor's certificate has been presented or issued]	<input type="checkbox"/>

Documentation of vaccination against Corona:

	Yes	No
First vaccination: date:, vaccine: [vaccination booklet, vaccination records were presented or issued]	<input type="checkbox"/>	<input type="checkbox"/>
Second vaccination: date:, vaccine: [vaccination booklet, vaccination records were presented or issued]	<input type="checkbox"/>	<input type="checkbox"/>
Third vaccination: date:, vaccine: [vaccination booklet, vaccination records were presented or issued]	<input type="checkbox"/>	<input type="checkbox"/>

* The student takes part in the programme throughout the day, often until the evening (museum visits, sporting events, guided tours of the city), including excursions of several hours on foot.



Further vaccination: date:, vaccine: [vaccination booklet, vaccination records were presented or issued]	<input type="checkbox"/>	<input type="checkbox"/>
Recovery was established on (date) by [evidence/s has/have been submitted]	<input type="checkbox"/>	<input type="checkbox"/>

Notes on Corona immunisation:

Documentation of vaccination against tetanus (if applicable):

	Yes	No
Date of vaccination:	<input type="checkbox"/>	<input type="checkbox"/>

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)
---	---