

Premium Programme of the Educational Exchange Service (PAD) Health Statement

We hereby confirm that our

child.....
(first name, last name)

date of birth
(dd/mm/yyyy)

	JA
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"/>

For the benefit of our child in case of a chronic illness and/or a mental health condition, the following additional instructions concerning medication and/or information on special requirements must be observed:

Documentation of vaccination / immunity against measles:

	JA
a) Our child has been vaccinated, date of last vaccination:	<input type="checkbox"/>
b) Our child has suffered from measles in the past and therefore has acquired immunity.	<input type="checkbox"/>
c) Contraindication (our child cannot be vaccinated for medical reasons).	<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.



Information on vaccination against tetanus (if applicable):

	JA	NEIN
Our child has been vaccinated, date of last vaccination:	<input type="checkbox"/>	<input type="checkbox"/>

We hereby confirm the validity of the information given above with our signature. We are aware that additional information / documentation can be requested in specific cases if required.

.....
(Place) (Date) (Signature mother/legal guardian)

.....
(Place) (Date) (Signature father/legal guardian)

If applicable: there is only one parent / legal guardian: mother / legal guardian
 father / legal guardian