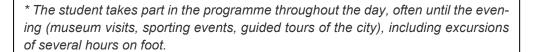


## Premium Programme of the Educational Exchange Service (PAD) Health Statement

We hereby confirm that our			
child, (first name, last name)			
date of birth(dd/mm/yyyy)			
	JA		
a) is free from infectious diseases.			
b) is fit to deal with the physical and psychological challenges* of the two to four week's stay in Germany without any limitations.			
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:			
b) Our child has suffered from measles in the past and therefore has acquired immunity.			
c) Contraindication (our child cannot be vaccinated for medical reasons).			









Information on vaccination against tetanus (if applicable):

		JA	NEIN	
Our child has been vaccinated, date of last vaccina	ition:			
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.				
that additional information / documentation can be i	equested in specific cases if re	;quii e	u.	
(Place) (Date)	(Signature mother/legal gu	ardian	1)	
(Place) (Date)	(Signature father/legal gua	rdian)		
If applicable: there is only one parent / legal guardia	n: □ mother / legal gua	ardian		
	□ father / legal guar	dian		