

# STUDENTS MOBILITY FROM AND TO THE EUROPEAN SCHOOLS

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## Annex 4: Health form

This Health form is composed of two parts: Part 1: Medical opinion on pupil's suitability for participation along with basic medical information and Part 2: Health information form. The Part 1 will be completed and signed by the doctor, printed and transmitted to the sending school in order to confirm the pupil's selection for the participation in the European Schools' Mobility Programme. Part 2 will be completed by the doctor, signed by parents/guardians and the pupil, two copies will be put in separate sealed envelopes. The pupil will bring them with him or her and it will only be opened by a doctor treating the pupil and when medically necessary during his/her stay at the receiving school, the other envelope stays with the host family which only opens it in cases of serious medical crises when urgent action is needed resp. to hand it over to a doctor.

### Part 1: Basic medical information and medical opinion on pupil's participation

#### Basic medical information

Do you have any disabilities (physical restrictions, impairments) or allergies that will limit placement options or participation in everyday family and/or school activities?

YES                       NO

IF YES, PLEASE EXPLAIN AND SPECIFY IF ANY AIDS, ADAPTATIONS OR SPECIAL ASSISTANCE WILL BE REQUIRED:

I CANNOT live with:

CATS                       DOGS                      OTHER  
PETS:

#### 3. Dietary requirements

Do you have dietary restrictions, e.g. for medical, religious or other self-imposed reasons?

YES                       NO

IF YES, PLEASE EXPLAIN:

If you are a vegetarian, are you willing to eat:

FISH                       POULTRY                       DAIRY PRODUCTS

#### 4. Smoking

Do you smoke?

YES                       NO

Must you be hosted in a non-smoking home?

YES                       NO

#### 5. Other

Are there any other aspects that need to be considered in order to match the pupil with a suitable host family?

YES                       NO

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IF YES, PLEASE EXPLAIN:

Medical opinion on pupil's participation

I, the undersigned, certify that a thorough physical examination of the pupil has been made and all relevant medical information has been included in the Health form, and that the pupil is able to travel. I understand that the omission of any information could be harmful to the pupil's health care and could result in early termination of the programme.

I consider that, in the light of the pupil's medical and/or psychological history, he/she is / is not (delete whichever does not apply) able to take part in the European School's students' mobility programme.

Doctor's Name and Degree		Stamp and Signature	
Contact details (address, phone, e-mail – if applicable):		Date	