

To be returned directly by the physician to:

Master of Educational Quality
IMPEQ Directorate
Institute of Education
University of Bamberg

Please scan and email to sba.ma-

educationalqualityuni-bamberg.de

Health Certificate

(for completion by doctor of medicine only)

(Please type or complete in capital letters)

Surname: _____ Date of birth _____

First name: _____

Address: _____

1. Height: _____ cm

2. Weight: _____ kg

3. Sex: _____ male _____ female

4.1 Blood pressure (mm/Hg) _____ 4.2 Pulse resting: _____
Lying: _____ after 10 knee bends: _____
Standing: _____ after 2 minutes: _____

4.3 Urine (fresh sample)
Protein: _____ sugar: _____ sediment: _____

5. Previous illnesses, operations and accidents? _____ no yes

5.1 If yes, please specify. Treated when and by whom?
What medication and other remedies or treatments were prescribed?

6. Is the person currently receiving medical treatment or is such _____ no yes
treatment planned?

6.1 If yes, please provide brief details

7. Do you consider the heart, circulation and blood vessels to be healthy? _____ no yes

7.1 If no, please provide brief details

8. Do you consider the respiratory organs to be healthy? _____ no yes

8.1 If no, please provide brief details

Name:

9. Do you consider the limb function to be normal? no yes

9.1 If no, please provide brief details

10. Do you consider the skin to be healthy? no yes

10.1 If no, please provide brief details

11. Do you consider the abdominal organs (including the urinary and sexual organs) to be healthy? no yes

11.1 If no, please provide brief details

11.2 For women only: Is the woman pregnant? no yes

If yes, when is the expected date of delivery? _____

12. a) Do you consider the nervous system and sensual organs to be healthy? no yes

b) Is the mental/psychological behavior of the person unusual? no yes

12.1 If no, please provide brief details

13. Are you aware of any other abnormalities or medical afflictions e.g. hormone or metabolism disorders, allergies? no yes

13.1 If yes, please provide brief details

14. Are you aware of any other important medical findings (including Results of blood tests e.g. for rheumatisms, allergies, hepatitis, AIDS) no yes

14.1 If yes, please provide brief details

15. State of teeth and jaw: _____

15.1 Do you consider the teeth to be healthy? no yes

15.2 If no, please provide name and address of dentist providing treatment

16. To sum up: Does the candidate's state of health give any reason why a study stay in Germany, Rwanda or Cameroon should not be taken? no yes

Date, place

Signature and stamp of medical doctor who completed this form