

## MEDICAL CERTIFICATE

As a volunteer worker you will be living in a foreign country. It is therefore important that we are informed of any physical or mental health problems that may have a bearing on the applicant's ability to participate in this programme.

### 1. General Medicine

Please indicate whether you have been immunized against the following:

Tetanus <input type="checkbox"/> yes <input type="checkbox"/> no Date:	Mumps <input type="checkbox"/> yes <input type="checkbox"/> no Date:
Diphtheria <input type="checkbox"/> yes <input type="checkbox"/> no Date:	Whooping cough <input type="checkbox"/> yes <input type="checkbox"/> no Date:
Polio <input type="checkbox"/> yes <input type="checkbox"/> no Date:	Typhoid <input type="checkbox"/> yes <input type="checkbox"/> no Date:
Measles <input type="checkbox"/> yes <input type="checkbox"/> no Date:	Tuberculosis <input type="checkbox"/> yes <input type="checkbox"/> no Date:
German measles <input type="checkbox"/> yes <input type="checkbox"/> no Date:	Hepatitis B <input type="checkbox"/> yes <input type="checkbox"/> no Date:

Are you currently taking any medications or under medical treatment? If "yes", please give full details including the names of the medication and the reason of treatment.

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Do you suffer from any chronic or recurring illnesses?  Yes  No

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Are you taking any regular medicine or need regular medical treatment? If yes, please give details

Yes  No

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Do you have any infectious diseases? If yes, please give details.  Yes  No

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I hereby confirm that Mr/Mrs/Miss/Ms ..... is in good physical and mental health that allows him/her to work as a volunteer worker.

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Date, Place.....

Doctor's signature and stamp.....