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**Annex 2: Confidential Health Form**

The pupil is taking part in the Pupils' Mobility Programme and will spend one semester (about 4 months) in a host school and living with a host family abroad.

The pupil's doctor who is not an immediate relative of the pupil must provide the parents with an attestation of fitness for participation certifying that they have examined the pupil and that, to the best of their knowledge, the pupil is in good health and fit to participate to the Pupils' Mobility Programme. This attestation will be shown to the Mobility Coordinator of the sending school.

In addition to this certificate, the *Confidential Health Form* must be also completed by the pupil's doctor who is not an immediate relative of the pupil. Incorrect or incomplete information on their health could lead to problems while abroad. **This form will be duplicated and put into two sealed envelopes. The pupil will bring the envelopes on their mobility and give one envelope to the medical services of the host school and the other envelope to the host family.** The envelopes can only be opened by a doctor treating the pupil where medically necessary.

Pupil's Name:	Home Country:	Date of birth:
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1. Does the pupil have any ongoing medical conditions? (e.g., asthma, diabetes, epilepsy, allergies, heart conditions, etc.)  YES  NO

If yes, please describe:

2. Does the pupil have any known allergies? (e.g., food, medication, insect bites, environmental, etc.)  YES  NO

If yes, please describe:

3. Is the pupil currently taking medication or injections (other than those mentioned previously)?  YES  NO

If yes, identify the medication, reason for usage, dosage and frequency:

4. Is there a history of, or present evidence of, an emotional, nervous or eating disorder?  YES  NO

If yes, a FULL report by the specialist and a statement by the parent(s)/legal representative(s) about the illness or specific problem must be attached. Note: Placement in a foreign host family, school and community requires adjustment which often involves emotional stress. It will not be a time for relaxation or temporary relief from any current therapy. If the pupil is experiencing current emotional, physical,

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personal or family difficulties, these difficulties can be severely exacerbated by the adjustment demands of the programme. Therefore, you are requested to evaluate carefully the pupil's current or previous condition and treatment along with their ability to manage potential adjustment anxieties and stress in a foreign environment.

5. Are there any health limitations or restrictions on the pupil's activities and/or sports participation or any medical information which should be considered for a home/school placement?

YES  NO

If yes, please describe:

6. Pupil has had the following immunisations, if yes, please specify day, month and year (or if possible, attach a copy of vaccination card):

	NO	YES	dd-mm-yy		NO	YES	dd-mm-yy
Measles	<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>		Mumps	<input type="checkbox"/>	<input type="checkbox"/>	
BCG	<input type="checkbox"/>	<input type="checkbox"/>		Rubella	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>		Other	<input type="checkbox"/>	<input type="checkbox"/>	

If other, please describe:

## Signatures:

I, the undersigned, certify that a thorough physical examination of the pupil has been made and all important recent medical information has been included in the *Confidential Health Form*, that nothing relevant has been omitted, 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.

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

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I, the undersigned, confirm that the information contained in this *Confidential Health Form* is correct and complete and that inaccurate or incomplete information could be harmful to the pupil's health care and could result in early termination of the mobility. I agree that the envelope containing this form can be disclosed to a doctor treating the pupil while on mobility where medically necessary. If necessary, I agree to communicate all relevant information relating to the health of the pupil to the host school and the host family. All personal data will be treated as confidential.

Pupil's signature (if they are not a minor)	Date
Parent(s)'s/Legal representatives(s)'s signature(s)	Date