

MEDICAL CERTIFICATE



TO BE FILLED IN BY THE APPLICANT

Mr Mrs Miss
 Name _____
 Date of Birth: Day _____ Month _____ Year _____

 Name of parent/guardian _____
 Mailing address _____

 City _____
 Postal code _____ Country _____
 Home phone _____ Mobile phone _____
 Fax _____ E-mail _____

Please send this application form to:

SHML

Rawylstrasse 23
CH 3775 Lenk
Switzerland

Phone: +41 33 736 33 33
Fax: +41 33 736 33 30
E-mail: welcome@shml.ch
Website: www.shml.ch

PERSONAL HISTORY

Have you ever had or do you suffer from:

	No	Yes	When		No	Yes	When		No	Yes	When
Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>	_____	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Sleeping disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maesles	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hepatitis A/B/C	<input type="checkbox"/>	<input type="checkbox"/>	_____	Eating disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	_____	Please specify	_____		_____	Psychological disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____

For the following points, please specify if you:

Have any other disease or have had an operation recently _____

Have dyslexia or other learning problems (indicate to what degree) _____

Have allergies to any medicine or other products _____

Take any medication on a regular basis _____

Are on a special diet _____

Have had any accident with long-term consequence _____

With regards to any of the above special needs or medical condition you may have, SHML aims to create an environment which enables all students to participate fully in the campus life. To help us make reasonable adjustments, it is necessary to clearly indicate your special needs (i.e. dyslexia) or medical condition. Please note that consideration of how we can meet any special needs is separate to the assessment of your academic suitability.

How would you describe your general health condition?

Excellent Good Poor

In keeping with the school policies regarding preventive health measures, the School Director may request a student to undergo a medical checkup at any time during his/her studies at SHML

I hereby certify that the above information is correct and that I agree to undergo a medical checkup if required. Deliberate false statements may result in expulsion. SHML will not be held responsible in case of incorrect medical information stipulated on the Medical Certificate and Physician's Report

Signature of the applicant _____

Date _____

Signature of the parent or legal guardian _____

Date _____