**Health form**

This health form is composed of two parts: ***Part 1***: Medical opinion on student's suitability for participation 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 student's selection for the participation in the Erasmus+ long-term Individual Student Mobility. Part 2 will be completed by the doctor, signed by parents/guardians and the student, put in a sealed envelope. The pupil will bring it with him or her and it will only be opened by a doctor treating the student and when medically necessary.

**Part 1: Medical opinion on pupil's participation**

This part of the document will be printed and transmitted to the sending school in order to confirm the student's selection for the participation in the Erasmus+ long-term Individual Student Mobility.

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

I consider that, in the light of the student’s medical and/or psychological history, the student **is / is not** (delete whichever does not apply) able to take part in the Erasmus+ long-term Individual Student Mobility.

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| **DOCTOR’S NAME** | STAMP AND SIGNATURE |
|  |  |
| **Contact details (address, phone, e-mail)** | Date |
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