



Medical Certificate of Good Health

Information for the examining doctor:

Please fill out the form. It is required by the "Schulordnung für die Berufsfachschulen für Pflege, Krankenpflegehilfe, Altenpflegehilfe, Hebammen und Notfallsanitäter" in Germany.

Based on the medical examination this certificate verifies that

Mr Mrs

surname _____

given name _____

birth date _____ in _____

is free from any health problems which may interfere with his/her work as a professional nurse.

add notes as needed

place, date

seal/stamp

signature of doctor