

The Josef Landherr and Hermann Thumm Foundation Inc.
Student Exchange Program

REQUEST FOR MEDICAL INFORMATION

To the Doctor of _____ Date of Birth _____
Name of Student

Address: _____

Dear Doctor,

The organisers of the Australian-German student exchange would appreciate receiving relevant medical information about the above-named student so that he/she can be cared for appropriately during his/her nine-week stay as an exchange student in Germany. (During this time the student will be staying with a host family, attending school, and participating in excursions and sporting activities both in and out of school).

PLEASE PRINT

Is there any medical condition which may affect this student during the period of his/her participation in the exchange ? What is the nature of this condition ?	
What special considerations are involved for management of this condition (eg. the need for medication for undertaking certain activities, etc)	
What emergency situation, if any, could arise as a result of this medical condition ?	

ANY ADDITIONAL COMMENTS OR INFORMATION THAT YOU CONSIDER TO BE RELEVANT:

Doctor's Signature

Date

AUTHORISATION BY PARENT OR GUARDIAN

Please provide any relevant medical information for the organisers of the exchange, as requested above.

Signed: _____ Date _____
Parent/Guardian

Signed: _____ Date _____
Student