



CERTIFICATE OF HEALTH

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Birthday (M/D/Y) \_\_\_\_\_ Blood type (if known): \_\_\_\_\_

Medical history—to be completed by student

Table with 4 columns: Question, Yes, No, Details. Contains 6 rows of medical history questions.

7. When were your last immunizations? (We need to have this info on file. If you want to participate in a sport at the University of Strasbourg, an official vaccination record is necessary. We recommend that you ask your doctor to fill this part out and stamp it with his name and address.)

Tetanus: \_\_\_\_\_ Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_ Rubella: \_\_\_\_\_

Signature and stamp of physician:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_