



INTERNATIONAL BUSINESS SCHOOL  
HOTEL & TOURISM MANAGEMENT

# MEDICAL CERTIFICATE



Switzerland  
**Vatel Martigny**

## TO BE FILLED IN BY A PHYSICIAN

Full name of the patient: .....

Date of Birth: Day   Month   Year     Sex: M  F

Blood pressure: ..... MM/HG Height (cm)..... Weight (kg)..... Pulse Rate .....

## CLINICAL EVALUATION

Has the above named patient suffered or is suffering from:

Chicken Pox	<input type="checkbox"/> <input type="checkbox"/> <i>NO YES (if yes, when?)</i>	Diabetes	<input type="checkbox"/> <input type="checkbox"/> <i>NO YES (if yes, when?)</i>	Epilepsy	<input type="checkbox"/> <input type="checkbox"/> <i>NO YES (if yes, when?)</i>
Hepatitis A/B/C	<input type="checkbox"/> <input type="checkbox"/> .....	Tuberculosis	<input type="checkbox"/> <input type="checkbox"/> .....		

Kindly specify:

Did the patient have any other disease or had an operation recently? .....

Does the patient have dyslexia or other learning problems? .....

Does the patient take any medication on a regular basis? .....

Does the patient have allergies to any medicine or any other products? .....

How would you describe the patient's general health condition?  Excellent  Very Good  Good  Poor

Kindly note that the School Principal may request a student to undergo a medical checkup at any time during her/his studies at Vatel if judged necessary by the School authorities.

## REQUIRED IMMUNIZATION INFORMATION

Has the patient been immunized against any of the following?

(Please specify the dates and number of doses)

	Dates	Number of doses
Poliomyelitis		
Tuberculosis		
Hepatitis B		

The undersigned doctor certifies that the general state of health, physical and mental condition of the candidate are excellent, that he/she is not a carrier of any infectious disease, has no physical disability and is not obliged to follow any special diet. The patient can therefore safely adhere to the requirements of professional training in the hotel industry.

Date:

Signature & Stamp of Doctor:

*The information provided above is strictly confidential and will not be shared with third parties.*

**PLEASE SEND THE COMPLETE APPLICATION TO:**  
**VATEL SWITZERLAND ADMISSION OFFICE**  
**19 rue Marconi, CH-1920 Martigny (Switzerland)**  
**Tel.: +41 27 720 18 10 • Fax: +41 27 720 13 14 • Email: admissions@vatel.ch**