Medical certificate

For admission to the SWISS TCM UNI

Admission to the TCM programme at SWISS TCM UNI requires that the applicant is suitable in health and personally for the profession of TCM therapist or doctor. The examination based on this questionnaire is intended to ensure that the admission requirements are met.

The costs for the medical certificate and any further health checks are to be borne by the applicant.

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| **Personal information** |
| Gender: | ☐ | female | ☐ | male | ☐ | others |
| Last name, first name: |  |
| Street, PLZ/Place: |  |
| Phone number: |  |
| Email: |  |
| Nationality: |  |
| Birth date: |  |
| Civil status/marital status: |  |

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| **Case history** |
| The interview is conducted by the doctor. The applicant must confirm the completeness and correctness of the information by signature. |
| 1. Has the applicant suffered any physical or mental illnesses or accidents, the consequences of which may affect his/her physical or mental resilience? |
| * Yes ☐ No
 |
| If yes: Which ones? (Please fill out) |
| 2. Has he/she received medical and/or psychological treatment for the above illnesses or accidents in the last five years? |
| * Yes ☐ No
 |
| If yes: Please list type and period of treatment as well as any medication: |
| 3. Has he/she had problems with addictive substances in the last five years? |
| * Yes ☐ No
 |
| If yes: Which ones? (Please fill out) |
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| **Examination** |
| General condition: |  | Hearing: | right |  | left |  |
| Size: |  | Visual acuity: | right |  | left |  |
| Weight: |  | Correction: | right |  | left |  |
| Puls: |  | Colour vision: | right |  | left |  |
| Blood pressure: |  |  |  |
| Important findings during the examination (Please fill in): |
| Are there any other illnesses or abnormalities that could affect admission to the study programme at SWISS TCM UNI? |
| ☐ | Yes | ☐ | No |  |  |  |  |  |  |
| If yes, which ones? (Please check the corresponding box) |
| ☐ | Locomotor system |  | ☐ | Nerve system |  |  |  |
| ☐ | Circuit |  |  | ☐ | Sensory organs |  |  |  |
| ☐ | Airways |  |  | ☐ | Others |  |  |  |  |
| Explanation: |  |  |  |  |  |  |  |  |

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| **Compensation for disadvantages** |
| Are there any known disabilities that would entitle you to apply for a disadvantage compensation\*? |
| ☐ | Yes | ☐ | No |
| If yes: which ones? (Please fill out) |
| \* The form "Application for disadvantage compensation" can be downloaded from the SWISS TCM UNI website. |

**Further notes**

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| Place, date:  | Signature applicant:  |
| Place, date:  | Signature doctor:  |