



Emergency Contact Information and Medical Certificate:

✓ **Name of the student (in capital letters)** _____

The College of Europe is a unique living and learning environment as students will, for the large majority, be living abroad and in student residences with students from over 30 other countries. This, coupled with the academic programme, might lead to both academically and socially intense situations. While this experience is exciting and rewarding, the challenges associated with living in this community can be physically and/or emotionally demanding and stressful.

The purpose of this form is to:

1. make the College of Europe aware of any medical or psychological condition which may affect or be affected by your participation in the programme; and
2. provide information about your health history that will be helpful to medical officials in the event of a medical emergency.

It will have no impact on your acceptance to a study programme at the College of Europe. All information will be kept confidential and is accessible only by the Admissions Office, the Office of Student Affairs, and medical personnel. Please read all information thoroughly. **Ultimately, you are responsible for your own health safety while studying at the College.**

✓ **Your information:**

Name: _____

Date of birth: _____ Gender: _____ Male _____ Female

✓ **Whom should we contact in the event of an emergency?**

Name: _____

Address: _____

Telephone: _____ E-mail: _____

He or she agrees:

1. on receipt of notification to contact the College of Europe immediately, in order to be informed of the situation and of the measures taken by the College, as well as to decide on any subsequent measures to be taken;
2. to decide on the question of medical and pharmaceutical expenses, it being understood that the student is insured by the College only against accidents occurring while staying at the Natolin Campus in Poland or during a trip abroad organised by the College.

✓ **Health Insurance Information**

All students who study at the College of Europe must retain internationally valid health insurance during their period of study at the College.

✓ If you are a national of an EU member state, the best option for you would be a European Health Insurance Card which covers a range of services within the Polish National Health Fund.

✓ Students from outside of the EU must take out a comprehensive private insurance policy valid for Poland, which covers appointments with general practitioners, specialists and hospitalization in case of accidents. Such insurance policies can be purchased right after your arrival in Warsaw. Proof of valid health insurance needs to be presented at your student residence in Natolin.

✓ **Choose appropriate:**

- I have internationally valid health insurance from August 2016 until June 30, 2017:
- European Health Insurance Card (former E 111).
 - Other insurance (indicate name of insurance company) _____
- I do not have internationally valid health insurance and will take one out as soon as I arrive at Natolin campus.

✓ _____
Signature of the student *date*



Medical Certificate:

✓ **Name of the student (in capital letters):** _____

✓ **To the student:**

I authorize my physician to release information regarding my health status relevant to my participation in a study programme at the College of Europe to the Admissions Office, the Office of Student Affairs and medical personnel. Further, if I become aware, subsequent to submitting this form, of any medical or psychological conditions that may affect my participation in a study programme at the College, I agree to disclose this information.

Date: _____ Student's signature: _____

✓ **To the Physician:**

The student asking you to complete this form will participate in a study programme at the College of Europe. The College of Europe is a unique living and learning environment as students will, for the large majority, be living abroad and in student residences with students from over 40 other countries. This, coupled with the academic programme, leads to both academically and socially intense situations. While this experience is exciting and rewarding, the challenges associated with living in this community can be physically and/or emotionally demanding and stressful to some.

Your evaluation of his/her condition is appreciated.

✓ **Do you consider the student to be in good health?** ___ Yes ___ No

✓ **If 'No', please elaborate:**

✓ **Are you aware of any conditions that may negatively impact the student living in a student residence?** ___ Yes ___ No

✓ **If 'Yes', please elaborate:**

✓ **Does this student have any significant, underlying medical or psychological conditions or life threatening allergies, or take prescription drugs on a daily basis of which the College of Europe or a qualified physician should be aware in the event of a medical emergency? If so, please explain below.**

✓ **Date:** _____ **Physician's signature:** _____

✓ **Address:** _____

✓ **Official Stamp:** _____