***Persönlich/Vertraulich***

Das Formular ist nach erfolgter Untersuchung **vom / von der Freiwilligen** bei der folgenden Entsendeorganisation (EO) **einzureichen**:

*(EO-Bezeichnung*): \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

*(EO-Adresse*): \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

(*EO-Ansprechperson*): \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Nachsorge-Bescheinigung für Freiwillige im Programm „weltwärts“**  (nach Rückkehr)

**Angaben zum / zur Freiwilligen**

*(von der Entsendeorganisation auszufüllen)*

Familienname: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Vorname: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Geburtsdatum: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Privatanschrift: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Anlass: Ausland (Klima, Infektion, besondere Gesundheitsrisiken)**

Einsatzland: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Region / Bereich: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Art der Untersuchung: [ ]  nach G 35 (E 35) - Standard *oder* [ ]  formlose Nach-Untersuchung

Einsatzdauer (*Datum*): **von:**  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  **bis:** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

*(von der/dem behandelnden Ärztin/ Arzt auszufüllen)*

Datum der Nach-Untersuchung und Beratung: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

*I. Untersuchungsumfang (primär für die Untersuchung nach G35 (E35) – Standard)*

[ ]  Die GOÄ-Positionen gemäß (Basis-)Leistungskatalog waren für die Untersuchung ausreichend.

[ ]  Die GOÄ-Positionen gemäß (Basis-)Leistungskatalog waren für diese Untersuchung nicht ausreichend und es waren zusätzliche Leistungen erforderlich, da *(bitte Begründung*)

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*II. Ergebnis:*

[ ]  Basierend auf den Ergebnissen der oben benannten Untersuchung besteht kein Verdacht, dass der Einsatz des / der Freiwilligen eine Gesundheitsstörung hinterlassen haben könnte.

[ ]  Basierend auf den Ergebnissen der oben benannten Untersuchung besteht der Verdacht,

 einer Gesundheitsstörung nach der Berufskrankheiten VO.

 Die vorgeschriebene ärztliche Anzeige gemäß § 3 Unfallversicherungs-Anzeigeverordnung an den hier zuständigen Unfallversicherungsträger (UVB - *Unfallversicherung Bund und Bahn*) ist erfolgt bzw. wird unverzüglich vorgenommen.

[ ]  Der/die Freiwillige wurde über das Ergebnis der Untersuchung sowie gegebenenfalls dem Erfordernis einer notwendigen Anzeige gegenüber der UVB informiert.

Stempel und Unterschrift der Ärztin / des Arztes:

(*bei Einsätzen in (sub-)tropischen Regionen: Tropen-, Arbeits.-Betriebs- oder Reisemediziner/-in erforderlich*)

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