***Persönlich/Vertraulich***

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

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

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

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

**Untersuchungs-Bescheinigung für Freiwillige im Programm „weltwärts“**  (vor Ausreise)

**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 Vor-Ausreiseuntersuchung

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

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

Datum der Vor-Ausreise-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:*

Ein Einsatz des / der Freiwilligen ist basierend auf den Ergebnissen der oben benannten

Untersuchung möglich.

Ein Einsatz des / der Freiwilligen ist mit folgenden Einschränkungen möglich:

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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Ein Einsatz des / der Freiwilligen kann - basierend auf den Ergebnissen der umseitig benannten

Untersuchung – aus medizinischen Gründen nicht befürwortet werden.

Der/die Freiwillige wurde über das Ergebnis der Untersuchung 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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