

Health Practitioner's Report

Application for admission to IMI International Management Institute

The Registrar
IMI International Management Institute Switzerland
Seeacherweg 1
6047 Kastanienbaum
Switzerland
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Fax +41 41 349 64 44
E-mail registration@imi-luzern.com

To be completed by the student:

I, _____, hereby authorise this health practitioner to provide the following information to IMI University Centre relating to my application and further studies.

Place and Date: _____

Signature of student: _____

To be completed by a registered/licensed health practitioner, preferably the family doctor:

Applicant's family name(s): _____ Given name(s): _____

Date of birth: _____ Gender: _____

Chronic condition(s) or ongoing illness(es) that IMI should be aware of:

Medication(s) taken on an ongoing basis: _____

Known allergies or medical dietary requirements: _____

Any other health-related matter that IMI should be aware of: _____

The undersigned health practitioner certifies that

- A) The general state of health, physical and mental condition of the applicant allow him/her to fulfil, without risk, academic obligations and strict professional training requirements for studies in hotel, culinary, tourism, events and business management, except as detailed below under D).
- B) The applicant is not obliged to follow a special diet, except as detailed below under D).
- C) The applicant is not a carrier of an infectious disease and has no physical disability.
- D) Comments, health risks, or limitations:

Place and Date: _____

Signature and stamp of health practitioner: _____

Contact address/telephone: _____