****

**HOJA DE EXAMEN MÉDICO**(Anexo al cuestionario para candidatos/as a una actividad de practicante para la
 formación continua profesional en la República Federal de Alemania)

***MEDICAL EXAMINATION REPORT****(To be attached to the application form*

*for further professional training in the Federal Republic of Germany)*

**¡CONFIDENCIAL!***CONFIDENTIAL!*

**I Datos personales — *Personal data***

Apellido del/de la candidato/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nombre\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of applicant* *First name*

Fecha de nac. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Nacionalidad\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nº de pasaporte \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Date of birth Nationality Passport No.

Dirección habitual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Home* a*ddress* Calle / Street Apartado*/PO box* Cód. post./ *Post code* Localidad/ *Town/city*

País \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Estado civil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sexo: mujer hombre
*Country Marital status Sex: Female Male*

Profesión \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Última actividad ejercida \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*Trained as Last employed as*

¿Para qué programa en la República Federal de Alemania ha presentado la solicitud ?
*For* *which programme in the Federal Republic of Germany are you applying?*

**II Datos del historial médico – *Details of medical history***

**A Historial familiar** (incl. enfermedades mentales, tuberculosis, cáncer, epilepsia — padres, hermanos, hijos)
*Family anamnesis (incl. mental diseases, TB, cancer, epilepsy* — *parents, brothers and sisters*, *children)*

|  |  |
| --- | --- |
| **B Historial personal**  |  |
| Applicant‘s anamnesis |  |
|  |  |
| 1. Enfermedades y/o dolencias sufridas o existentes*Past, present or chronic diseases and disorders*
 |  |
| * 1. Enfermedades del sistema cardiovascular, aparato respiratorio, aparato digestivo, riñones y vías urinarias, glándulas endocrinas (diabetes), sistema esquelético y locomotor, órganos sensoriales, enfermedades de la piel, reumáticas y/o alérgicas, mentales o del sistema nervioso;
 |  |
|  |  |
| *Diseases of the cardio-circulatory system, digestive and respiratory organs, kidneys and urinary passages, endocrine glands (diabetes), bone and locomotor system, sensory organs and skin; rheumatic and/ or allergic diseases, nervous and mental disorders;* |  |
|  |  |
| b) Enfermedades tuberculosas (tuberculosis pulmonar, ósea, articular, glandular u otras tuberculosis orgánicas) |  |
|  |  |
| *Tubercular diseases (TB of the lungs, bones, joints, glands or other organs*) |  |
|  |  |
| c) Otras enfermedades contagiosas (difteria, fiebre tifoidea, hepatitis vírica o bacteriana, enfermedades venéreas, meningitis, poliomielitis, malaria, disentería, tifus (paratifus), tracoma, fiebre amarilla, etc.) |  |
|  |  |
| *Other communicable diseases (diphtheria, spotted fever, epidemic hepatitis, venereal diseases, meningitis, poliomyelitis, malaria, dysentery, typhoid (paratyphoid), trachoma, yellow fever, etc.)* |  |
|  |  |
| 2. Enfermedades congénitas*Congenital diseases* |  |
|  |  |
| 3. Deterioro de la salud por accidente (eventualmente dar detalles, esp. también sobre el tipo, fecha y secuelas persistentes) |  |
|  |  |
| *Impaired health due to accidents**(if possible give details, especially with regard to the type of damage suffered, the time of the accident and any persisting symptoms)* |  |
|  |  |
| 1. Operaciones sufridas

(eventualmente tipo y fecha) |  |
|  |  |
| *Any surgical interventions(if possible, give kind and date)* |  |
|  |  |
| 1. Vacunaciones hasta ahora con indicación de la fecha

(viruela, difteria, rubéola, tifus, tétano, etc.) |  |
|  |  |
| *Inoculations so far, with dates* *(smallpox, diphtheria, German measles, typhoid, tetanus, etc.)* |  |

### C Dolencias actuales

###  *Present ailments*

Ratifico que he respondido íntegramente a las preguntas del/de la médico de forma veraz y según mi mejor saber y entender.

Soy consciente de que declaraciones deliberadamente falsas podrían tener como consecuencia mi repatriación.

*I hereby confirm that I have answered the physician's questions truthfully and to the best of my ability.*

*I am aware that deliberate misstatements may result in my being repatriated.*

Lugar y fecha \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Firma del/de la candidato/a\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place and date Signature of applicant

Médico que realiza el examen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lugar, fecha \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Examining physician Place and date

Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Postal address:*

**III Informe clínico – *Clinical report***

 1. Estado general *General condition*

Edad\_\_\_\_\_\_\_\_\_\_\_\_\_\_ años, Estatura \_\_\_\_\_\_\_\_\_\_\_\_ cm, Peso \_\_\_\_\_\_\_\_\_\_\_\_ kg

##### Age years Height cm Weight kg

Impresión de la edad\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Impression of age

Constitución corporal\* (según Kretschmer) pícnica -atlética – asténica

##### Body type\* (according to Kretschmer) pycnic –athletic - asthenic

Impresión general \* vivaz – elasticidad normal – muy desgastado

*General impression* \* *vivacious – normal elasticity - very run down*

Fuerza \* robusta - media - escasa

###### Strength robust - average – low

Estado nutricional \* excesivo – normal - flaco

###### Nutrional state \* excessive – normal - meagre

Musculatura \* fuerte – media – débil

*Musculature \* strong – medium – weak*

2. Diagnóstico orgánico (describir en detalle)

 *Organic condition (describe in detail)*

 a) Piel (eczemas, herpes y otros síntomas de valor clínico)

 *Skin (eczema, herpes, and other symptoms of a clinical nature)*

 b) Cabeza y cuello (entre otros faringe, amigdalas, nariz, lengua, glándula tiroides)

 *Head and throat (incl. pharynx, tonsils, nose, tongue, thyroid gland)*

 Dentadura *- Teeth*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| R. | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | L. |
|  r. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  l. |

 | f = falta diente – tooth missingZ = diente destruido – tooth destroyedF = empaste- fillingP = placa – plate E = diente sustituido – false toothKr = corona - crownB = puente - bridge |

 Dentadura: \* saneada – necesita tratamiento

####  Teeth: \* in good condition – requiring treatment

 Capacidad de masticar: \* suficiente – no suficiente

 *Mastication: \*sufficient – insufficient*

1. Órganos sensoriales (ojos, oídos, habla)

|  |
| --- |
| Agudeza visual*Visual acuity:*Lejos: sin correc. der \_\_\_\_ izq \_\_\_\_\_*Far vision: without correction right left* (Snellentypes) con correc. der \_\_\_\_izq \_\_\_\_\_ *with correction right left*  |
| erca (Nieden) *sin correc.* der \_\_\_\_ izq \_\_\_\_\_*Near vision without correction right left (Snellentypes or Nieden): with correction right left*  |
| **Visión de color**: Resultado del test Ishihara, etc.:*Colour vision: Result of Ishihara test, etc.:* |
| Capacidad auditiva: Susurro der\_\_\_\_\_\_\_ m, izq\_\_\_\_\_ mHearing: Whisper right left |
|  *Habla normal**der*\_\_\_\_\_\_\_\_m, izq\_\_\_\_\_\_ m, *Normal speech right left* |

*Sensory organs (eyes, ears, speech)*

|  |  |  |
| --- | --- | --- |
| Test de sistema circulatorio*Circulation test* | Tensión arterial *Blood pressure*  | Pulso *Pulse*  |
| sentado o acostado*Sitting or Iying*  |  |  |
| de pie*Standing*  |  |  |
| tras ejercicio con \_\_\_\_\_flexiones de rodilla *After exercise by \_\_\_\_\_ knee bends*  |  |  |
| después de \_\_\_\_\_minutos *After \_\_\_\_\_minutes*  |  |  |
| después de \_\_\_\_\_minutos *After \_\_\_\_\_minutes*  |  |  |

1. Tórax, órganos del pecho y abdomen
(corazón y pulmones, vasos sanguíneos

y linfáticos, sistema digestivo, órganos

sexuales, orificio hernial, etc.)

*Chest, organs of the chest and abdomen*

*(heart and lungs, blood and lymphatic*

*vessels, digestive system, genitals,*

*hernial opening, etc.)*

|  |  |
| --- | --- |
| 1. Aparato esquelético y locomotor (columna vertebral, extremidades, etc. postura,

modo de andar, callosidades en manos y pies) |  |
| Bone and locomotor (muscular-skeletal) system*(spine, limbs, incl. posture, gait, callosity on hands and feet)* |  |
| 1. Sistema nervioso y psique

(reflejos, comportamiento sospechoso, enfermedades mentales, etc.) |  |
| Nervous system and psyche*(reflexes, conspicuous behaviour, mental**diseases, etc.)* |  |

|  |  |
| --- | --- |
| 1. Examenes necesarios, laboratorio

(orina : proteína, glucosa, urobilinógeno;sangre: serologia lues, SGOT, SGPT, y-GT ; eventualmente electrocardiograma) |  |
| Necessary tests*Laboratory**(urine: albumen, sugar (glucose), urobilinogen;**blood: lues serology (syphilis test) – VDRL-Test (quant.), TPHA, FTA-ABS Test; liver: gamma-GT (GGT), GOT (ASAT, AST), GPT (ALAT, ALT): electrocardiograma if possible)* |  |

Examen radiológico del pulmón

(primer plano 35 x 35 cm o screening

7 x 7 cm, si primer plano no es factible)

Pulmonary X-rays

*(Close-up 35 x 35 cm or screening 7 x 7 cm, if close-up 35 x 35 cm not available)*

**Se adjuntará toda la documentación y radiografías – *All documents and X-rays should be enclosed***

h) Otros resultados – *Additional findings*

**IV Diagnosis médica –** *Diagnosis*

**V Conclusiones –** *Conclusions*

Desde el punto de vista médico – considerando las circunstancias en la República Federal de Alemania (clima, alimentación) – considero al/a la candidato/a

 **apto/a \***

 **no apto/a**

para ejercer la actividad en el programa de prácticas indicado en el apartado I.

*From the medical point of view – and after consideration of the conditions prevailing in the Federal Republic of Germany (climate, diet) – I hereby declare the applicant*

 ***suitable* \***

 ***unsuitable***

*to work as a trainee in the occupation stated in paragraph* /.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Firma del/de la médico que realiza el examen

*Signature of examining physician*