

**Application Form**

Last name:.....  
(as entered on passport)

First name:.....  
(as entered on passport)

Sex:                    male ( )                    female ( )

Date, place and  
country of birth:.....

Nationality:.....

Marital status:.....

Home address:  
.....  
.....

Phone/Fax:.....

E-mail:.....

Primary spoken and written  
language:.....

**What course (sport/specialization) do you want to apply for?**  
.....  
.....

Previous stays in Germany (Give details on dates, purpose and duration of stay):  
.....  
.....

Previous studies abroad (more than 6 weeks):  
.....  
.....

**Course of education**

(middle school, high school, vocational schools, institutes, colleges, universities etc)

Kind of school	Years of attendance	Grade

**Language command** (check where applicable):

	None	Basic knowledge	Advanced knowledge	Fluent command spoken & written	Language certificate (proficiency level)
Arabic					
English					
French					
Spanish					
German					

**Own practical experience in sport:**

Your competitive activity in the chosen sport of the course

from.....to.....where.....

Notable results as an athlete on national/international level (e.g. best personal results):

.....  
.....

Activity in the sports for the disabled:  
(only for applicants for the course 'sports for the disabled')

.....  
.....

Training activity and competition experience in other sports:

.....  
.....  
.....

**Professional career:** Exact name of the present job

.....

Present place of work (employer):

.....

What are the primary tasks in your present job:

.....  
.....  
.....

Professional career up to present:

from	to	Place of work/employer	Position/Occupation

Why are you applying for the continued education course and what do you expect to gain from it? What job do you hope to take up on completion of this course?

Your motives:

.....  
.....  
.....

Future prospects:

.....  
.....  
.....

Indicate here if you have had surgeries or injuries that may hamper active participation in sports practical training:

Check as applicable:                      yes ( )      no ( )

If yes, give specifics:

I certify that the above information is correct and complete and accept the conditions of participation in the programme for Continuing Education in Sports Science at the University of Leipzig.

.....  
**Place and Date**

.....  
**Signature**

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# Ärztlicher Untersuchungsbogen

Vertraulich!

für Bewerber um eine Teilnahme am Internationalen Trainerkursus  
an der Sportwissenschaftlichen Fakultät der Universität Leipzig

## Medical Examination Report

Confidential

For the application for the participation at an International  
Coaching Course at the Faculty of Sports Science at the University of Leipzig

Bitte kopieren

### Gewählte Sportart/Spezialisierung

in the specialization

### Angaben zur Person des Bewerbers Information about applicant

Name family name	Vorname first name(s)	
Geburtsdatum date of birth	männlich male <input type="checkbox"/>	weiblich female <input type="checkbox"/>
Größe height	Gewicht weight	

### Anamnese Case history

1. Angeborene Schäden  
congenital defects
2. Durchgemachte oder bestehende Krankheiten / Leiden former or present diseases / illnesses (specify and give details)
  - a) Herz-Kreislauf  
cardio-vascular system
  - b) Lungenkrankheiten/Tuberkulose  
lung diseases / tuberculosis
  - c) Andere übertragbare Krankheiten  
(Malaria, Ruhr, Typhus, Meningitis, Fleckfieber, epidem. Gelbsucht,  
Trachom, Gelbfieber, Kinderlähmung, Geschlechtskrankheiten u.a.)  
malaria, dysentery, typhoid fever, meningitis, epidemic typhus, epidemic jaundice,  
trachoma, yellow fever, poliomyelitis, venereal diseases etc.
  - d) Sonstige Krankheiten  
other diseases
  - e) Unfälle  
accidents
  - f) Operationen  
surgeries
3. Jetzige Beschwerden/Einnahme von Medikamenten  
Present complaints / medication

### Organbefund Physical findings

#### a. Stütz- und Bewegungsapparat supportive and locomotion system

Wirbelsäule spinal column	Extremitäten extremities	Schulter shoulder
Hüfte hip	Knie knee	

**b. Kreislauf** blood circulation

**Blutdruck**  
blood pressure

**Puls**  
pulse

**Blut- und Lymphgefäße**  
blood vessels and lymphatic vessels

**c. Brustkorb** (Herz, Lunge)  
thorax (heart, lungs)

**d. Bauchraum** (Verdauungssystem, Urogenitalsystem)  
(digestive system, urogenital system)

**e. Sinnesorgane** (Augen / Sehvermögen, Ohren, Haut)  
sense organs (eyes / sight, ears, skin)

**f. Nervensystem** (Reflexe, psychische Auffälligkeiten, Geisteskrankheiten)  
nervous system (reflexes, psychic disorders, mental diseases)

**g. Gebiss**  
teeth

**saniert**     **behandlungsbedürftig**  
no need of    in need of  
treatment

**Labor** (Laborwerte bitte beifügen) laboratory tests (please attach test results)

**HIV-Test**  
HIV test

**positiv**     **negativ**  
positive    negative

**Befunderhebung vom**  
test taken on: \_\_\_\_\_

**Hepatitis B**  
hepatitis B

**positiv**     **negativ**  
positive    negative

**Befunderhebung vom**  
test taken on \_\_\_\_\_

**Hepatitis C**  
hepatitis C

**positiv**     **negativ**  
positive    negative

**Befunderhebung vom**  
test taken on \_\_\_\_\_

**Lucs (TPHA)**  
lues

**positiv**     **negativ**  
positive    negative

**Befunderhebung vom**  
test taken on \_\_\_\_\_

**Gesamturteil** Conclusion

**Der Bewerber ist aus meiner ärztlichen Sicht für eine Teilnahme am Unterricht in Theorie und Praxis eines Internationalen Trainerlehrganges**

In my opinion as a medical practitioner, the applicant is

**geeignet**     **nicht geeignet**  
suited    unsuited

to attend classes both in theory and practice within the framework of an international coaching course

Ort, Datum place, date

Unterschrift des Arztes / Stempel signature of physician / stamp

**Für den Bewerber** for the applicant

**Ich bestätige, die vom Arzt gestellten Fragen wahrheitsgemäß und vollständig beantwortet zu haben.**  
I confirm that I have truthfully and completely answered all questions asked by the physician.

Ort, Datum place, date

Unterschrift des Bewerbers signature of applicant