

# Vaccination certificate



Fill out this form to receive a reimbursement of €50 on your vaccinations at SGZ

SGZ:

Gezondheidscentrum de Hoed,  
Kampveldweg 10A, Delft  
015 2121507

Bring this form to your appointment, and information about earlier administered vaccinations (vaccination booklet).

## Student information

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Student number: \_\_\_\_\_  
Address, postal code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

## Travel information

Destination country: \_\_\_\_\_  
Destination city: \_\_\_\_\_  
Departure date: \_\_\_\_\_  
Return date: \_\_\_\_\_  
Aim of the journey:      Study                              Study trip                              Internship  
  
Name coordinator: \_\_\_\_\_  
Telephone : \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Filled in truthfully:  
Date: \_\_\_\_\_ Signature student: \_\_\_\_\_

## Faculty information (filled in by exchange or internship coordinator)

Faculty: \_\_\_\_\_  
Name: \_\_\_\_\_

States that the trip described on this page is study related.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Stamp Faculty: