Phorms Campus Hamburg
Wendenstr 35-43
20097 Hamburg
T +49 40 325 370 50
F +49 40 325 370 55

CAMPUS HAMBURG
phorms education

Sick note for PE or swimming

The Phorms student

..... Class……
Surname, Name

is

❑ not allowed to do sports/swimming
❑ can participate in a limited capacity in sports/swimming

on/ from……..……... until……..

Type of injury/sickness: …….....

....., the .....
Place Date

.....
Signature of Parent

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