

Immunization record for ERAMUS and Exchange Students

This form must be fully completed, legible, and signed by a qualified physician. Please ensure that any attached documentation is in English, signed, dated and stamped with the official clinic/ laboratory stamp. Incomplete forms may result in your application being rejected.

Family Name:

First Name:

Gender: () male () female () diverse

Date of Birth:

Hepatitis B

Students **must be immune** to Hepatitis B, either as a result of vaccination or following natural infection.

Vaccinations:

Date of 1. vaccination:

Date of 2. vaccination:

Date of 3. vaccination:

If necessary, date of booster vaccination:

Date and result of **Hepatitis B surface antibody** (Anti HBs IgG) blood test:

Date and result of **Hepatitis B core antibody** (Anti HBc IgG) blood test:

Hepatitis C

Date and result of **Hepatitis C antibody** blood test, taken within the last 3 months:

Measles, Mumps, Rubella

Positive Measles, Mumps and Rubella antibody (IgG) blood test:

OR

two MMR vaccinations: 1.
2.

Varicella (Chickenpox)

Positive varicella antibody (IgG) blood test:

OR

two Varicella vaccinations: 1.
2.

A copy of the blood test results and a copy of the vaccination card must be enclosed with the translation in German or English.

**Tuberculosis skin test (PPD Merieux) or TB INF gamma release Assay (IGRA Test),
taken within the last 12 months:**

Date and result (mm induration) of PPD Merieux:

OR Date and result of IGRA Test:

if positive (more than 6 mm induration) or reactive IGRA Test => X-Ray of the lung:

date and result of the X-Ray:

It is recommended to be informed about one's own HIV-status (the status does not have to be revealed).

**All students must be vaccinated against tetanus, diphtheria, pertussis and poliomyelitis within
the last 10 years and should bring the immunization record about it.**

Name of the vaccine and date of last vaccination:

Name and address of physician:

Official stamp:

Signature of physician:

Date:

**Please release this form to the Occupational health care provider "Betriebsärztlicher Dienst"
either via mail or e-mail.**

Mail address:

**Betriebsärztlicher Dienst
Moorenstr. 5
40225 Düsseldorf
Germany**

E-mail:

betriebsarzt@med.uni-duesseldorf.de