### Immunization record for elective placements

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:

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 month:

#### Measles, Mumps, Rubella

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

OR

two MMR vaccinations: 1.

#### 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.

# Tuberculosis skin test (PPD Merieux) or TB INF gamma release Assay (IGRA Test), taken within the <u>last 12 months</u>:

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 <u>tetanus</u>, <u>diphtheria</u>, <u>pertussis</u> and <u>poliomyelitis</u> within the <u>last 10 years</u> 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 clinic you applied to.