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|  | **Universitätsklinikum Heidelberg** |

**Vaccination Certificate for international students applying for a practical training at Heidelberg University Clinic.**

**To be completed and signed by a qualified physian before admission to a practical training at Heidelberg University Clinic. All required supporting documentation should be in English, signed, dated and stamped with an official clinic stamp.**

In accordance of health guidelines the following vaccinations have to be documented. Missing vaccinations have to be completed before the training. If it is required to repeat tests performed abroad, a fee will be charged by the “Betriebsärztlicher Dienst (Medical Services)” to cover these costs. Any fee required for this form is the responsibility of the applicant.

**Please send this document via Email to Frau Predikant, Head of Heidelberg University Clinic Medical Services:**

**marion.predikant@med.uni-heidelberg.de**

Name: ................................................................................ Surname: ............................................................

Date of birth: ......................................................................Phone: ................................................................

Contact address: ............................................................................................................................................

Placement dates: ............................................................... Elective Speciality: ..............................................

**Only valid with a copy of immunization record and/or copy of serological evidence of immunity!**

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| **Vaccination** | **Explanation** | **yes** | |
| **Tetanus**  **Diphteria**  **Pertussis** | Initial immunization completed  Recent vaccination < 10 years  Date of booster dose pertussis: \_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_\_ | 🞏  🞏 | |
| **Polio** | Initial immunization + 1 x booster dose has been given in adolescence or adult age: \_\_\_\_\_\_ . \_\_\_\_\_\_\_ . \_\_\_\_\_\_\_ | 🞏 | |
| **Measles**  **Mumps**  **Rubella** | All students should have documentary evidence of having  had two MMR  **or** there is documentary serological evidence of immunity  to measles, mumps and rubella measles  mumps  rubella | MMR vax 1st  \_\_\_\_\_\_\_\_\_\_  🞏  🞏  🞏 | MMR vax 2nd  \_\_\_\_\_\_\_\_\_\_\_  🞏  🞏  🞏 |
| **Varicella** | All students should have documentary evidence of having  had 2 varicella vaccinations  or serological evidence VZV IgG | Varicella-Vacc 1st  \_\_\_\_\_\_\_\_\_\_\_  🞏 | Varicella-Vacc 2nd  **\_\_\_\_\_\_\_\_\_\_\_\_\_**  🞏 |
| **Hepatitis B** | * Student should be immune to Hepatitis B. * 3 vaccinations have been completed.   Year of initial immunization:  Date of booster date:\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_   * Please enclose a copy of your blood test results showing immunity, dated stamped and signed by a physician.  In Germany a protective response is considered as  > 100 IU/l. | 🞏  Hepatitis-B- antibody (Anti-HBs) result:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Hepatitis A** | Only required in gynecology, pediatric or psychiatry  At least 1x vaccination has been given \_\_\_\_\_\_ .\_\_\_\_\_\_ .\_\_\_\_\_ | 🞏 | |
| **Tuberculosis** | Students originating or returning from a country with a high incidence of TB (>40/100 000)have to provide an interferon-gamma (IGRA) test result.  IGRA-Test: negativ  Chest-Xray when IGRA is positive: inconspicuous | 🞏  🞏 | 🞏  🞏 |

**Print name:**

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Date Signed Practice/Doctors stamp: