



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

To be completed and **signed by a qualified physician 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.

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!**

Vaccination	Explanation	yes	
<b>Tetanus Diphtheria Pertussis</b>	<ul style="list-style-type: none"> <li>Initial immunization completed</li> <li>Recent vaccination &lt; 10 years</li> <li>Date of booster dose pertussis: ____ . ____ . ____</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Polio</b>	Initial immunization + 1 x booster dose has been given in adolescence or adult age: ____ . ____ . ____	<input type="checkbox"/>	
<b>Measles Mumps Rubella</b>	<ul style="list-style-type: none"> <li>All students should have documentary evidence of having had two MMR</li> <li>or there is documentary serological evidence of immunity to measles, mumps and rubella               <ul style="list-style-type: none"> <li>measles</li> <li>mumps</li> <li>rubella</li> </ul> </li> </ul>	MMR vax 1st _____ <input type="checkbox"/>	MMR vax 2nd _____ <input type="checkbox"/>
<b>Varicella</b>	<ul style="list-style-type: none"> <li>All students should have documentary evidence of having had 2 varicella vaccinations</li> <li>or serological evidence VZV IgG</li> </ul>	Varicella-Vacc 1st _____ <input type="checkbox"/>	Varicella-Vacc 2nd _____ <input type="checkbox"/>
<b>Hepatitis B</b>	<ul style="list-style-type: none"> <li>Student should be immune to Hepatitis B.</li> <li>3 vaccinations have been completed.</li> <li>Year of initial immunization: Date of booster date: ____ . ____ . ____</li> <li>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 &gt; 100 IU/l.</li> </ul>	<input type="checkbox"/>	
<b>Hepatitis A</b>	Only required in gynecology, pediatric or psychiatry At least 1x vaccination has been given ____ . ____ . ____	<input type="checkbox"/>	
<b>Tuberculosis</b>	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. <ul style="list-style-type: none"> <li>IGRA-Test: negativ</li> <li>Chest-Xray when IGRA is positive: inconspicuous</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Print name:

\_\_\_\_\_ Date

\_\_\_\_\_ Signed

\_\_\_\_\_ Practice/Doctors stamp: