



Vaccination Certificate for incoming students applying for any clinical rotation (practical training) at Heidelberg University Clinic.

To be completed and signed by a qualified physician before admission to a clinical rotation. 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:

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

Vaccination	Explanation	yes	
Tetanus Diphtheria Pertussis	<ul style="list-style-type: none"> Initial immunization completed Recent vaccination < 10 years Date of booster dose pertussis: 	<input type="checkbox"/> <input type="checkbox"/>	
Polio	Initial immunization + 1 x booster dose has been given in adolescence or adult age:	<input type="checkbox"/>	
Measles Mumps Rubella	<ul style="list-style-type: none"> All students should have documentary evidence of having had two MMR or there is documentary serological evidence of immunity to measles, mumps and rubella <ul style="list-style-type: none"> measles mumps rubella 	MMR vax 1st <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MMR vax 2nd <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Varicella	<ul style="list-style-type: none"> All students should have documentary evidence of having had 2 varicella vaccinations or serological evidence VZV IgG 	Varicella-Vacc 1st <input type="checkbox"/>	Varicella-Vacc 2nd <input type="checkbox"/>
Hepatitis B	<ul style="list-style-type: none"> 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. 	<input type="checkbox"/> Hepatitis-B- antibody (Anti-HBs) result:	
Hepatitis A	Only required in gynecology, pediatric or psychiatry At least 1x vaccination has been given	<input type="checkbox"/>	
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. <ul style="list-style-type: none"> IGRA-Test: negativ Chest-Xray when IGRA is positive: inconspicuous 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Print name of the Physician:

_____ Date

_____ Signed

_____ Practice/Doctors stamp:

Students applying for any clinical rotation must send this document (dully signed) and the copy of immunization record and/or copy of serological evidence of immunity to: Erasmus.Hiwi@med.uni-heidelberg.de