Universitätsklinikum Heidelberg

Conditions of Submission for all foreign short term health care workers

To be completed and signed by a qualified physician before submission. 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 submission Any additional cost/fee required in order to complete this document is the responsibility of the applicant only. (no reimbursement possible)

Family-Name: ..... Surname: .....

Date and place of birth: .....Phone: .....

Contact address: /Mail.....

Placement dates:Start/End:.....until.....location/clinic:.....

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

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	☐ ☐	

Doctors full name (print!):

_____

Date **physicians signature** **Clinic/Doctors official stamp**