

**IMMUNIZATION and SCREENING REQUIREMENTS for ERASMUS Students
or Visiting PHYSICIANS to be completed by the medical doctor!**

It is important that students or physicians are properly protected from relevant infectious diseases prior to their clinical placements.

PLEASE NOTE: it is your responsibility to take and follow specialist advice if you are, or believe that you may be, infected with any blood-borne virus!

Name and Surname:		
Birthdate:	Birthplace/Country:	
Date of last Examination by Medical Doctor _____ and Results/values are submitted!		
Hepatitis B screen Evidence of Immunity or Absence of Markers of Infectivity	<input type="checkbox"/> History of a complete, age appropriate, Course of Hepatitis B Vaccine <u>and</u> documented Evidence of Hepatitis B antibody result (anti-HBs) \geq 100 IU/L:	
	anti HBc (if anti HBc is positive: HBsAg is required!)	<input type="checkbox"/> negative <input type="checkbox"/> positive
Hepatitis C screen	Hepatitis C antibody result	<input type="checkbox"/> negative <input type="checkbox"/> positive
HIV screen (optional!)	HIV antibody result:	<input type="checkbox"/> negative <input type="checkbox"/> positive
Immunity to Varicella (Chickenpox)	<input type="checkbox"/> documented vaccination (2 doses) <u>OR</u> <input type="checkbox"/> result of Antibody titre to Varicella:	
Immunity to Measles	<input type="checkbox"/> documented vaccination (2 doses) <u>OR</u> <input type="checkbox"/> result of Antibody titre to Measles:	
Immunity to Mumps	<input type="checkbox"/> documented vaccination (2 doses) <u>OR</u> <input type="checkbox"/> result of Antibody titre to Mumps:	
Immunity to Rubella/German Measles	<input type="checkbox"/> documented vaccination (2 doses) <u>OR</u> <input type="checkbox"/> result of Antibody titre to Rubella:	
Tetanus/Diphtheria/Polio/Pertussis	<input type="checkbox"/> documented completed vaccination <u>OR</u> <input type="checkbox"/> booster shot within the last 10 years:	
Hepatitis A	<input type="checkbox"/> documented completed vaccination <u>OR</u> <input type="checkbox"/> Hepatitis A antibody result:	
Influenza/flu shot	<input type="checkbox"/> documented last vaccination:	
Covid-19	first shot with date: second shot with date: third shot with date:	

Any Other Serious Medical Conditions:

Date _____

Doctor`s Signature and Official Stamp _____