

Health Certificate

Name: _____

Born: _____ in: _____

Intended Period of Stay at UMG: _____

Home University: _____

Hepatitis B: Immunity yes no

Date of third vaccination or of last booster shot: _____

anti-HBs (date): _____

Hepatitis C: anti-HCV (date): _____ positive negative

HIV: anti-HIV (date): _____ positive negative

Varicella: trusted history of disease yes no

Measles: Date of two vaccinations (dates): _____

If not vaccinated: anti-Measles-IgG (date): _____ positive negative

Mumps: Date of two vaccinations (dates): _____

If not vaccinated: anti-Measles-IgG (date): _____ positive negative

Rubella: Date of two vaccinations (dates): _____

If not vaccinated: anti-Measles-IgG (date): _____ positive negative

Tetanus: Date of last vaccination: _____

Diphtheria: Date of last vaccination: _____

Poliomyelitis: Date of last vaccination: _____

Pertussis: Date of last vaccination: _____

Other results: yes no

Covid vaccination 1st vaccination _____ 2nd vaccination _____ 3rd vaccination _____

Conclusion: There are no reasons known, why the person above mentioned should not work in a hospital with contact to patients.

Date: _____

Name of issuing person: _____

Position: _____

Signature: _____

Stamp: _____