

## 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

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: \_\_\_\_\_