UNIVERSITÄTSKLINIKUM MAGDEBURG A.ö.R.

OTTO VON GUERICKE UNIVERSITÄT MAGDEBURG

Medical Certificate for Occupational Activities at the University Hospital in Magdeburg (Immunization/Serology Record From)

- ☐ Internship (visiting students/contact with hospital patients)
- ☐ clinical Elective/Internship with Enrolment (exchange Students/contact with hospital patients)
- ☐ Training with German medical license (visiting physician with contact/contact with hospital patients)
- ☐ Research (Ph.D. students/graduates with contract/no contact with patients)

All fields must be completed with requested information, or the entire from will be rejected. Please make sure to **submit this certificate office at latest 8 weeks before you start your practical work.** It should **not be older than 9 months** before you start your practical work. **Please make sure it contains the Hep-Titer.**

Clinic/Institution: .....

From - to: .....

This is to certify that above-named person has the following results, and a suitable immunization protection can be evidenced:

Name: ..... **Date of birth:** .....

Measles/ Mumps/ Rubella	
Minimum of two immunizations has been carried out	☐
Serological evidence of a protection against Measles, Mumps and Rubella is existent.	☐
Varicella	
Two immunizations have been carried out	☐
Serological evidence of a protection against Varicella is existent.	☐
Pertussis	
Documented vaccination in the last 10 years	☐
Tuberculosis	
History and clinically no evidence or quantiferon test negative	☐

Please turn!

Stand 07.2023

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Additionally for invasive activities on the patient (possible blood contact):	
Hepatitis B	
Vaccination done and anti-HBs ≥ 100 U/l within the last 10 years	☐
Hepatitis C	
anti-HCV negative (in the last 6 months)	☐
HIV (in case of surgical work)	
anti-HIV negative (in the last 6 months)	☐

This is to certify that ms/mr ……..
is healthy and sane and exempt from contagious diseases.

…… ……
Date Name, signature and stamp of physician