



Immunisation Requirements for Visiting Students/Doctors/Researchers

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|--------------|-------------|----------------|
| Family name: | Given name: | Date of birth: |
| | | |

Upon starting your studies/clinical elective/observership program/research stay at the Medical University of Graz, you should have immunisation against the infectious diseases mentioned below. Your immunisation should be verified by either vaccination or a positive antibody status:

Compulsory vaccinations:

Measles / Mumps / Rubella (MMR)

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|---|---|------------------------------|---|
| Two doses of MMR vaccine | <input type="checkbox"/> yes <input type="checkbox"/> no | Date of first vaccination: | Date of second vaccination: |
| If not vaccinated twice, the antibody titres have to be determined: | | | |
| Measles: | Titre: | Date of titre determination: | Vaccination recommended: <input type="checkbox"/> yes <input type="checkbox"/> no |
| Mumps: | Titre: | Date of titre determination: | Vaccination recommended: <input type="checkbox"/> yes <input type="checkbox"/> no |
| Rubella: | Titre: | Date of titre determination: | Vaccination recommended: <input type="checkbox"/> yes <input type="checkbox"/> no |

Varicella (VZV)

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|---|---|------------------------------|---|
| Two doses of VZV vaccine: | <input type="checkbox"/> yes <input type="checkbox"/> no | Date of first vaccination: | Date of second vaccination: |
| If not vaccinated twice, the antibody titres have to be determined: | | | |
| Varicella (VZV) | Titre: | Date of titre determination: | Vaccination recommended: <input type="checkbox"/> yes <input type="checkbox"/> no |

Hepatitis B

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|-------------------------------------|----------------------------|---|---|
| Basic Immunisation: | Date of first vaccination: | Date of second vaccination: | Date of third vaccination: |
| Antibody titre against hepatitis B: | Titre: | Date of titre determination: Next booster is due on: | Vaccination recommended: <input type="checkbox"/> yes <input type="checkbox"/> no |

Confirmation by a doctor: *

| | |
|---|---|
| <p>I herewith confirm that there is currently sufficient immunity against the infectious diseases mentioned above</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p> | <p style="text-align: center;">_____</p> <p style="text-align: center;">Stamp (readable!) and signature of the doctor</p> |
|---|---|

* The confirmation has to be given by general practitioners or approved/board certified doctors.

Tuberculosis:

If you come from one of the countries listed below* or another region endemic for tuberculosis, a doctor has to proof (please provide her/him with a chest x-ray not older than 2 years) that you are not suffering from tuberculosis.

*Afghanistan, Armenia, Azerbaijan, Bangladesh, Belarus, Bulgaria, China, Congo, Estonia, Ethiopia, Georgia, India, Indonesia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldavia, Myanmar, Nigeria, Pakistan, Philippines, Russia, South Africa, Tajikistan, Ukraine, Uzbekistan, Vietnam.

| Confirmation by a doctor: * (if necessary) | |
|--|---|
| I confirm that currently there is no evidence of an infection with mycobacterium tuberculosis. | |
| _____ | _____ |
| Date | Stamp (readable!) and signature of the doctor |

* The confirmation has to be given by general practitioners or approved/board certified doctors.

Voluntary vaccinations: °

| | | |
|----------------------|---|---|
| Pertussis | Date of last vaccination: | Vaccination recommended: <input type="checkbox"/> yes <input type="checkbox"/> no |
| Poliomyelitis | Date of last vaccination: | Vaccination recommended: <input type="checkbox"/> yes <input type="checkbox"/> no |
| Diphtheria | Date of last vaccination: | Vaccination recommended: <input type="checkbox"/> yes <input type="checkbox"/> no |
| Tetanus | Date of last vaccination: | Vaccination recommended: <input type="checkbox"/> yes <input type="checkbox"/> no |
| Hepatitis A* | Date of first vaccination: Date of second vaccination: Date of third vaccination: | Vaccination recommended: <input type="checkbox"/> yes <input type="checkbox"/> no |

° Voluntary vaccinations should be updated according your national vaccination recommendations.

* For Hepatitis A, the recommendation is two doses of a Hepatitis A vaccine (eg. Havrix 1440, Avaxim, Epaxal) or three doses of a HepA/B combination (eg Twinrix).

| Confirmation by a doctor: * | |
|---|---|
| I confirm that the voluntary statements of vaccination are correct. | |
| _____ | _____ |
| Date | Stamp (readable!) and signature of the doctor |

* The confirmation has to be given by general practitioners or approved/board certified doctors.

Please make sure that the doctor's stamps are readable, complete and in Latin alphabet!

Declaration of the visiting student/doctor:

The Medical University of Graz informs that visiting students/doctors/researchers may not be admitted to clinical courses or lectures held on clinical premises of KAGes hospitals if the proof of compulsory immunization as indicated above is missing. This procedure follows the guideline 2000.0100 of the Steiermärkische Krankenanstaltengesellschaft m.b.H. (KAGes).

By signing this document

- the visiting student/doctor/researcher confirms that all personal data regarding the proof of immunization can be recorded and processed by the Medical University of Graz as long as KAGes guideline 2000.0100 applies. This confirmation can be withdrawn at any time;
- the visiting student/doctor/researcher confirms that the Medical University of Graz does not compensate for delays in the course of studies or research activities nor for damage to health or any other damage of the student/researcher or a third party caused by the neglect of submitting the immunization record or by getting the necessary vaccinations. The student/researcher refrains from any claims against the Medical University of Graz regarding personal and/or third party damage.

Date

Visiting student's/doctor's/researcher's signature