

Immunization Review – Servizio Medicina Preventiva

(to send to Erasmus.medicinachirurgia@unipd.it at least 30 days before your arrival)

If in your learning agreement there are no practical activities, please you don't need this document. document must be signed and sealed by your physician

The information on this form needs to be submitted before your arrival in Padova at least 30 days. All certifications must be available in order to obtain your outcome; afterwards you will be able to enter hospital wards.

TO FILL **YELLOW** SPACES IS COMPULSORY. TO FILL **BLUE OR GREEN** SPACES IS COMPULSORY

Applicant's data

Firstname	
Lastname	
Date of Birth	
Place of Birth	

Immunization/ Vaccination	Vaccine Date Month/Day/Year	Serology/Titer	
		Date	Results
Measles	1st dose: 2nd dose:		
Mumps	1st dose: 2nd dose:		
Rubella	1st dose:		
Chickenpox	1st dose: 2nd dose:		
Tetanus	1st dose:		
Hepatitis B	1st dose: 2nd dose: 3rd dose:		
Hepatitis C		Date:	Result:
QuantiFERON-TB Gold or Skin test (<u>less</u> than one year)		Date:	Result:
Chest X-Ray (<u>if TB skin test or quantiferon are positive</u>)		Date:	Result:

Date: (30 days before your arrival)	Signature of the Physician	Stamp of the Physician