

COVID-19 | Preventive Medicine Service

To upload to our [UPLOAD AND REQUIRE DOCUMENTS SERVICE](#)
72 hours before your arrival

If there are no practical activities in your learning agreement, please do not fill this document. This document must be signed and sealed by your physician.

Information on this form needs to be submitted before your arrival in Padova. All certifications must be available in order to obtain your outcome; then you will be able to enter hospital wards. If you send your immunization in **delay time**, consequently your internship will **start later**. **YELLOW** SPACES ARE **COMPULSORY**.

Applicant's data

Last name		First name	
Date of birth	<i>dd / mm / yyyy</i>	Estimate date of arrival	<i>dd / mm / yyyy</i>
Place of Birth		Country	

PLEASE UPLOAD YOUR SCANNED COVID-TEST DOCUMENT