

Immunization Records | Preventive Medicine Service

(to UPLOAD to <https://forms.gle/f1WVG9nB42mJDt257> at least 60 days before your arrival)

If in your learning agreement there are no practical activities, please you don't need to fill this document. 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**

FILL-IN **YELLOW** SPACES IS **COMPULSORY**. FILL-IN **BLUE** IS **COMPULSORY**. TO FILL **GREEN** SPACES IS **COMPULSORY** IF THE VACCINATION SCHEDULE IS NOT COMPLETED

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	

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		/ /	Result:
QuantiFERON-TB Gold or Skin test (less than one year)		/ /	Result:
Chest X-Ray (if TB skin test or quantiferon are positive)		/ /	Result:

Date: (60 days before your arrival) <i>dd / mm / yyyy</i>	Signature of the Physician	Stamp of the Physician
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