AMMINISTRAZIONE CENTRALE
AREA RELAZIONI INTERNAZIONALI

UNIVERSITÀ DEGLI STUDI DI PADOVA

Immunization Records | Preventive Medicine Service

To upload to Mobility Online www.unipd.it/mobilityonline

If in your learning agreement there are no practical activities, 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 at **least 45 days** before your arrival in Padova.
If you send your immunization in **late**, consequently your internship will **start later**
FILL-IN **YELLOW** SPACES IS **COMPULSORY**. FILL-IN **BLUE** SPACES IS **COMPULSORY**.
IF THE VACCINATION SCHEDULE IS NOT COMPLETED OR NOT AVAILABLE THEN FILL GREEN SPACES

Last name		**First name**	
Date of birth	/ /	**Estimate date of arrival**	/ /
Place of Birth		**Country of Birth**	

Vaccination	**Date of vaccination**	**SEROLOGY** (if the blue part is not completed)	
		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: *(dd / mm / yyyy)*	**Signature of the Physician**	**Stamp of the Physician**

A fitness to train document released by your family doctor or your university (i.e. by preventive medicine unit/by occupational medicine unit...) **must be attached. It is the allowance document to authorize your practical training.**

Both Immunization records and Fitness to train document must be uploaded on Mobility Online www.unipd.it/mobilityonline