

Immunization Records | Preventive Medicine Service
To upload to mobility on line www.unipd.it/mobilityonline
At least 45 days before your arrival

Document must be signed and sealed by your family doctor
Information on this form needs to be submitted before your arrival in Padova.
IT IS MANDATORY TO FILL-IN YELLOW BLUE GREEN ITEMS

Applicant's data

Last name		First name	
Date of birth	/ /	Date of arrival	/ /
Place of birth		Country of birth	

Immunization/ Vaccination	Vaccine Date dd / mm / yyyy	Serology/Titer	
		Date (dd / mm /yyyy)	Results
SARS-COV-2	1st dose: 2nd dose: 3rd dose:	/ / / / / /	
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: (45 days before your arrival)	Signature of the family doctor	Stamp of the family doctor
/ /		

A fitness to train document released by your family doctor or your university (i.e. by preventive medicine unit / by occupational medicine unit.....) and it is the allowance document in order to give you the authorization for your practical training.

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