## **Preventive Medicine Service**

All students, at least 45 days before their arrival in Padova, must provide:

- 1) a fitness to train document released by the Occupational Health Service of their University
- 2) <u>a complete immunization record</u> (see the attached form)

## **Immunization Record**

NOTE: If in your learning agreement there are no practical activities, you are not required to fill in this document.

<u>The document must be signed and sealed by your physician.</u> The completed form must be submitted at <u>least 45 days</u> before your arrival in Padova. Delayed submission will cause a delayed start of your internship. <u>YELLOW</u> and <u>BLUE</u> SPACES MUST ALWAYS BE FILLED. <u>GREEN</u> SPACES MUST BE FILLED IF THE VACCINATION SCHEDULE HAS NOT BEEN COMPLETED.

## Applicant's data

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

Immunization/ Vaccination	Vaccine Date  Month/Day/Year	Serology/Titer (not dating more than 1 year before submission)		
		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:			
SARS-COV-2	1st dose:	. / /		

	2nd dose:	. /	1	
	3rd dose:			
Hepatitis C		/	/	Result:
QuantiFERON-TB Gold				Result:
or Skin test		/	/	
Chest X-Ray (if TB skin test or quantiferon are positive)		/	/	Result:

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