

## Immunization Review – Servizio Medicina Preventiva

(to send to [Erasmus.medicinachirurgia@unipd.it](mailto:Erasmus.medicinachirurgia@unipd.it) at least 30 days before your arrival)

**If in your learning agreement there are no practical activities, please you don't need this document. document must be signed and sealed by your physician**

The information on this form needs to be submitted before your arrival in Padova at least 30 days. All certifications must be available in order to obtain your outcome; afterwards you will be able to enter hospital wards.

TO FILL **YELLOW** SPACES IS COMPULSORY. TO FILL **BLUE OR GREEN** SPACES IS COMPULSORY

### Applicant's data

<b>Firstname</b>	
<b>Lastname</b>	
<b>Date of Birth</b>	
<b>Place of Birth</b>	

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

<b>Date: (30 days before your arrival)</b>	<b>Signature of the Physician</b>	<b>Stamp of the Physician</b>