

Vaccination record for visiting students of the Universitätsmedizin Mainz

Please bring your vaccination records to the occupational health check-up appointment at the BÄD.

In Germany it is **required by law** to have two vaccinations against measles or proof of immunity.

Moreover, it is recommended that you have **at least** the following vaccinations:

Two vaccinations against hepatitis B, two vaccinations against measles, rubella, mumps, standard vaccinations against tetanus, diphtheria, pertussis (whooping cough) and poliomyelitis, and one vaccination against hepatitis A.

Concerning varicella (chicken pox) you should have proof of either two vaccinations or date of disease.

We strongly recommend that you complete your missing vaccinations in your home country prior to your start date in Mainz.

Name (Last, First):		
Address:	City:	State:
Phone:	Email:	Date of Birth:

The requirements listed below are required for those assigned to patient care areas	
Requirement	Employer/Agency must be able to provide documentation for review upon request
Rubeola (measles): Proof of immunity OR documentation of vaccination.	Documented Rubeola immunity (titer) Date of titer: _____ OR Documentation of <u>TWO</u> doses of live measles vaccine Date: #1: _____ Date: #2: _____
Mumps: Proof of immunity OR documentation of vaccination.	Documented Mumps immunity (titer) Date of titer: _____ OR Documentation of <u>TWO</u> doses of live mumps vaccine Date: #1: _____ Date: #2: _____
Rubella: Proof of immunity OR documentacion of vaccination.	Documented Rubella immunity (titer) Date of titer: _____ OR Date of Documented Rubella vaccination: Date: #1: _____

<p>Varicella (Chicken Pox): Proof of immunity OR documentation of vaccination OR Date of Disease.</p>	<p>Documentated Varicella immunity (titer) Date of titer: _____ OR</p> <p>Documented TWO doses Varicella vaccine Date: #1: _____ Date: #2: _____</p> <p>Date of Disease: _____</p>
<p>Hepatitis B vaccine: Hepatitis B vaccination is strongly recommended. Documentation of vaccination OR documentation of positive Hepatitis B antibody titer OR vaccine declination is required.</p> <p>Hepatitis A vaccine:</p>	<p>Hepatitis B vaccination series Date #1: _____ Date #2: _____ Date #3: _____</p> <p>Hepatitis B surface antibody Date: _____ Results: _____</p> <p>Hepatitis A vaccination series Date #1: _____ Date #2: _____</p>
<p>TDAP Vaccination within the past 10 years is recommended (tetanus, diphteria, pertussis, poliomyelitis)</p>	<p>Date: _____</p>

Place, date _____

Seal and signature of the Physician