

Certificate of complete protection against measles

Pursuant to section 20 subsection 9 of the Infection Protection Act

This is to certify that

Surname	
First name	
Date of birth	
Matriculation number at home university	
Home address	

has received two vaccinations against measles or possesses immunity to measles in accordance with the Measles Protection Act.

Yes

No

Exemption from a measles vaccination:

There is a permanent medical contra-indication which prevents vaccination against measles.

Adequate grounds for the existing contra-indication have been noted in the patient's file.

Place, date

Signature and stamp of the physician