

Medical Certificate for Trainees at the Medical Center of the University of Munich

This form has to be completely filled in and signed by the trainee's attending licensed physician and sent to the occupational health services at least two weeks before start of internship.

Assignment as Medical Student at a University abroad

Department _____

This is to certify that _____, born on _____ is physically and mentally healthy and does not suffer from infectious diseases. There are no medical concerns regarding the intended internship.

Immunities concerning Measles, Chicken pox and Whooping cough are compulsory for every trainee. Exception: "career day without active participation":

Measles:

- trainee obtained at least two vaccinations **or**
- positive serologic testing for measles immunity

Chicken pox:

- confirmed chicken pox disease in trainee's medical history **or**
- trainee obtained at least two vaccinations **or**
- positive serologic testing for chicken pox immunity

Whooping cough:

- trainee obtained the last vaccination on _____(date) (within last 9 years)

Hepatitis B: If nursing/medical/dental/assistance tasks will be performed on patients, please confirm additionally:

- infectious hepatitis B is currently ruled out (complete basic hepatitis B immunisation + antiHBs >100 U/l documented) **or**
- HBs-AG negative (result originating within 3 months prior to start of internship)

Hepatitis C: If nursing/medical/dental/assistance tasks will be performed on patients, please confirm additionally:

- infectious hepatitis C is currently ruled out (antiHCV negative, result originating within 3 months prior to start of internship)

HIV: If invasive/surgical tasks will be performed on patients, please confirm additionally:

- HIV infection is currently ruled out (result originating within 3 months prior to start of internship)

Hepatitis A: If preparation of food/cooking tasks in canteens or shared kitchens will be performed, please confirm

- additionally: trainee obtained at least two vaccinations **or**
 positive serologic testing of immunisation

By my signature, I confirm the accuracy of the statements above



_____ place / date / signature of the physician

readable seal with physicians name