University of Cologne

Faculty of Medicine

HEALTH QUESTIONNAIRE

Gesundheitsfragebogen

Given Name/Vorname:	**Surname**/Nachname:
Date of Birth/Geburtsdatum:	**Nationality**/Nationalität:

(to be completed by the family/company doctor)

(vom Haus-/Betriebsarzt auszufüllen)

Requirement Voraussetzung	**Documentation required** gewünschte Dokumentation	**Result submitted** Ergebnis vorgelegt (Tick as applicable - zutreffendes ankreuzen)	**Remarks** Bemerkungen
HEPATITIS B			
Evidence of immunity	Documented vaccination (at least 2 doses, last dose at least two weeks before the start of the training/work placement) **OR** Hepatitis B surface antibody (anti-HBs) result Please attach copies of results (*in English*)	□ Vaccination records □ anti-HBs > 100 IU/ml	
TUBERCULOSIS Tuberkulose			
Free from active infection	Mantoux test **OR** Interferon-Gamma test (IGRA) Please attach copies of results not older than 3 months (*in English*).	□ negative Mantoux test □ negative IGRA □ in case of positive IGRA x-ray of chest with unsuspicious result.	
MEASLES/MUMPS/RUBELLA Masern, Mumps, Röteln			
Evidence of immunity	Documented vaccination (2 doses) **OR** Result of antibody titer to measles, and rubella Please attach copies of results/ certification (*in English*)	□ Vaccination records □ Measles titer □ Rubella titer	

University of Cologne

Faculty of Medicine

VARICELLA Windpocken			
Evidence of immunity	Documented vaccination (2 doses) **OR** Result of antibody titer to varicella Please attach copies of results/certification (*in English*)	□ Vaccination records □Varicella titer	
TETANUS, DIPHTHERIA, PERTUSSIS, POLIOMYELITIS Tetanus, Diphtherie, Keuchhusten, Poliomyel.			
Evidence of immunity	Documented primary immunization (at least 4 doses) **OR** Documented booster injections Please attach copies of results/certification not older than 10 years (in English)	□Vaccination records	
HEPATITIS A*			
Evidence of immunity	Documented vaccination (at least 1 dose) **OR** Result of antibody titer to Hepatitis A Please attach copies of results/ certification (in English)	□ Vaccination records □ Hepatitis A titer *not mandatory but necessary for placement/courses in **gynecology**, **pediatrics**, and **infectiology**	
SARS-CoV-2			
Evidence of immunity	Documented completed vaccination (3 doses, third immunization at least 3 months after the 2nd dose) **OR** Documented pos. antibody test followed by 2 single doses **OR** Documented single dose followed by a positive PCR test and a 2nd dose **OR** Documented two doses followed by a pos. PCR test (not older than 28 days)	□ Vaccination records** □ PCR results □ Titer results **with vaccines that were officially approved by the EU: **Comirnaty** (BioNTech/Pfizer); **Spikevax** (Moderna); **Vaxzevria** (AstraZeneca); **JCOVDEN**,COVID-19 Vaccine Janssen (Janssen Cilag International); **Nuvaxovid** (Novavax)	
Any other serious medical conditions **OR** **planned vaccinations prior to the start of the clerkship**			

I hereby confirm that the above-mentioned applicant is physically and mentally fit and has no infectiousdiseases.

Signature: _____

Name (Capitals): _____

Position: _____

Date: _____

Stamp