ST2 Form - Health / Immunization Record

All visiting medical students/doctors who apply for an elective study are required to show proof of health insurance and each of the immunizations below.

SECTION I	**PERSONAL INFORMATION**

Name .... **Date of Birth** .... **Age** ....

Gender ☐ Male ☐ Female **Country** ....

Medical School/University ....

Categories ☐ Student ☐ Resident Doctor ☐ Fellowship Doctor

☐ Trainee ☐ Researcher ☐ Other ....

SECTION II	**PROOF OF IMMUNIZATIONS** Please give us for information on the required test results, vaccinations and immunizations. Also give dates in appropriate column

1. MMR: Mumps, Measles and Rubella

☐ Mumps	Vaccine	Date:	**or**	Positive Serology	Date:
☐ Rubeola (Measles)		Date:			Date:
☐ Rubella (German Measles)		Date:			Date:

2. Varicella (Chickenpox)

☐ Ab Screening date ☐ Positive IgG Ab (immuned)

☐ Negative IgG Ab: immunization on date (1) ....

date (2) ....

3. Diphtheria, Pertussis, Tetanus and Poliomyelitis (primary series plus booster within the last 10 years)

	Immunization or booster		Immunization or booster
☐ Diphtheria	Date:	☐ Tetanus	Date:
☐ Pertussis	Date:	☐ Poliomyelitis	Date:

4. Hepatitis Series (Hepatitis C Virus, HCV and Hepatitis B Virus, HBV)

☐ Screening date .... ☐ HBsAg ....

☐ Anti HBsAnti ....

☐HCV ....

5. Tuberculosis Screening (within the past 6 months)

☐ Mantoux/PPD Test	Date:	Result:	☐ Positive	☐ Negative
☐ IGRA Test*	Date:	Result:	☐ Positive	☐ Negative
☐ Chest X-ray	Date:	Result:	☐ Positive	☐ Negative

*IGRA Test or Chest X-ray is only necessary in case of a positive Mantoux/PPD Test

6. Chest X-ray (Attached document, not the film, is required)

☐ Normal, Date ....

☐ Others, Date ....

Described ....

....

7. **Personal Health Insurance:** All participants are/will be covered by personal Health insurance during his/her assigned elective rotation or undertake short training program at our institute

☐ Yes ☐ No

8. Certification by Physician

Name: .... Signature: ....

Date: .... Name of Hospital and Seal: ....