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 Please attach copies of results dated within the previous 3 months (*in English*)	□ negative Mantoux test □ negative Interferon-Gamma test	
MEASLES/MUMPS/RUBELLA Masern, Mumps, Röteln			
Evidence of immunity	Documented vaccination (2 doses) **OR** Result of antibody titer to measles, mumps and rubella Please attach copies of results/ certification (*in English*)	□ Vaccination records □ Measles titer □ Mumps titer □ Rubella titer	

VARICELLA Windpocken			
Evidence of immunity	Definite recollection of past infection **OR** Documented vaccination (2 doses) **OR** Result of antibody titer to varicella Please attach copies of results/certification (*in English*)	□ Declaration □ Vaccination records □Varicella titer	
TETANUS, DIPHTHERIA, PERTUSSIS, POLIOMYELITIS Tetanus, Diphtherie, Keuchhusten, Poliomyel.			
Evidence of immunity	Documented primary immunisation (at least 4 doses) 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	
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 infectious diseases.

Signature: _____

Name (Capitals): _____

Position: _____

Date: _____

Stamp