# 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**<br>Voraussetzung | **Documentation required**<br>gewünschte Dokumentation | **Result submitted**<br>Ergebnis vorgelegt<br>(Tick as applicable - zutreffendes ankreuzen) | **Remarks**<br>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)<br>**OR**<br>Hepatitis B surface antibody (anti-HBs) result<br><br>Please attach copies of results (*in English*) | □ Vaccination records<br><br>□ anti-HBs > 100 IU/ml | |
| **TUBERCULOSIS** Tuberkulose | | | |
| Free from active infection | Mantoux test<br><br>**OR**<br><br>Interferon-Gamma test<br><br>**Please attach copies of results not older than 3 months (*in English*).** In case this is not possible you can postpone the test and hand in the results at the start of your placement. | □ negative Mantoux test<br><br>□ negative Interferon-Gamma test<br><br>□ other (statement of family/company doctor etc.) | |
| **MEASLES/MUMPS/RUBELLA** Masern, Mumps, Röteln | | | |
| Evidence of immunity | Documented vaccination (2 doses)<br>**OR**<br>Result of antibody titer to measles, mumps and rubella<br><br>Please attach copies of results/ certification (*in English*) | □ Vaccination records<br><br>□ Measles titer<br>□ Mumps titer<br>□ Rubella titer | |

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| **VARICELLA** Windpocken | | | |
| Evidence of immunity | Documented vaccination (2 doses)<br>**OR**<br>Result of antibody titer to varicella<br><br>Please attach copies of results/certification (*in English*) | □ Vaccination records<br><br>□Varicella titer | |
| **TETANUS, DIPHTHERIA, PERTUSSIS, POLIOMYELITIS** Tetanus, Diphtherie, Keuchhusten, Poliomyel. | | | |
| Evidence of immunity | Documented primary immunization (at least 4 doses)<br>**OR**<br>Documented booster injections<br><br>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)<br>**OR**<br>Result of antibody titer to Hepatitis A<br><br>Please attach copies of results/ certification (in English)<br><br>*This vaccination is **NOT** mandatory, **BUT** please keep in mind that you will need it for the placement in gynecology, pediatrics and infectiology. | □ Vaccination records<br><br>□ Hepatitis A titer | |
| **SARS-CoV-2** | | | |
| Evidence of immunity | Documented completed vaccination (1-2 doses, depending on vaccine)<br>**OR**<br>Definite recollection of past infection<br>Please attach copies of results/certification (*in English*) | □ Vaccination records<br>□ Declaration (e.g. SARS-CoV-2 titer, positive PCR results etc.) | |
| **Any other serious medical conditions**<br><br>**OR**<br><br>**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