

# Immunization Review – Servizio Medicina Preventiva

(to send to [international.medicinachirurgia@unipd.it](mailto:international.medicinachirurgia@unipd.it) at least 45 days before your arrival)

**If in your learning agreement there are no practical activities, please you don't need to fill this document. Document must be signed and sealed by your physician**

Information on this form needs to be submitted before your arrival in Padova at **least 45 days**. All certifications must be available in order to obtain your outcome; then you will be able to enter hospital wards. If you send your immunization in **delay time**, consequently your internship will **start later**

FILL-IN **YELLOW** SPACES IS **COMPULSORY**. FILL-IN **BLUE** IS **COMPULSORY**. TO FILL **GREEN** SPACES IS **COMPULSORY** IF THE VACCINATION SCHEDULE IS NOT COMPLETED

## Applicant's data

<b>Last name</b>		<b>First name</b>	
<b>Date of birth</b>	/ /	<b>Estimate date of arrival</b>	/ /
<b>Place of Birth</b>		<b>Country</b>	

Immunization/ Vaccination	Vaccine Date Month/Day/Year	Serology/Titer	
		Date	Results
Measles	1st dose:	/ /	
	2nd dose:	/ /	
Mumps	1st dose:	/ /	
	2nd dose:	/ /	
Rubella	1st dose:	/ /	
Chickenpox	1st dose:	/ /	
	2nd dose:	/ /	
Tetanus	1st dose:	/ /	
Hepatitis B	1st dose:	/ /	
	2nd dose:	/ /	
	3rd dose:	/ /	
Hepatitis C		/ /	Result:
QuantiFERON-TB Gold or Skin test ( <b>less</b> than one year)		/ /	Result:
Chest X-Ray ( <b>if TB skin test or quantiferon are positive</b> )		/ /	Result:

<b>Date: (60 days before your arrival)</b>	<b>Signature of the Physician</b>	<b>Stamp of the Physician</b>
/ /		