

**PLEASE NOTE:** This is an unofficial translation. Please submit the **GERMAN VERSION** which can be found on the following website: <https://gesundheitsverbund.at/ausbildung/>.

## Immunization record for new staff and trainees

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social insurance number: \_\_\_\_\_

Vaccinations are an important protective measure for hospital staff who come into contact with infectious patients. Furthermore, patients need to be protected from avoidable risks.

**Important:** Only certificates which have been filled out completely can be accepted!

	Date of vaccine	Titer <sup>1</sup>	Date
Diphtheria, Tetanus, Whooping cough +/- Poliomyelitis			
Poliomyelitis <sup>2</sup>			
Measles, Mumps, Rubella	1. vaccine: 2. vaccine:		
Varicella	1. vaccine: 2. vaccine:		
Hepatitis B <sup>3</sup> (respectively A + B)	1. vaccine: 2. vaccine 3. vaccine: <sup>4</sup>		
COVID-19 <sup>5</sup>	1. vaccine: 2. vaccine: <sup>6</sup>		

<sup>1</sup> Proof of immunization can be based either on a confirmation of the required vaccinations or a positive antibody titer. In each row, either the left or the right column therefore must be filled out

<sup>2</sup> In case the vaccination against Diphtheria, Tetanus and Whooping cough were received without Poliomyelitis

<sup>3</sup> In advance only required for medical staff. Trainees will be vaccinated before starting their activities at their host institution, if necessary (fees will be covered by the Austrian accident insurance fund).

<sup>4</sup> If basic immunization against Hepatitis B has recently started, two vaccinations are sufficient. Evidence of 3rd vaccination can be submitted within 6 months.

<sup>5</sup> Alternative to a covid-19 vaccine or antibody titer proof a recent recovery from the virus can be accepted.

<sup>6</sup> First vaccine is sufficient. Proof of second vaccine (if applicable) can be submitted later on.

**I herewith certify that the above mentioned person has immunity or has been properly immunised against the above mentioned diseases.**

Certifying medical doctor in BLOCK CAPITALS: \_\_\_\_\_

Signature and stamp: \_\_\_\_\_ Date: \_\_\_\_\_