

CERTIFICATE OF VACCINATION AND IMMUNITY

For employees prior to employment/work at the Medical University Vienna in the clinical field

(*obligatory information)

Family name*, First name*, Title:	Date of birth*:
Telephone number:	Social security number (Austria)*:
E-Mail*:	Address:

	Date of vaccination		Antibody titer
Measles, Mumps, Rubella	1st Vacc: 2nd Vacc:	or	Titer/Result: Date:
Diphtheria, Tetanus, Pertussis, Polio	Primary vaccination yes/ no last booster:	or	Titer/Result: Date:
Chickenpox (Varicella)	1st Vacc: 2nd Vacc:	or	Titer/Result: Date:
Hepatitis B or Hepatitis A/B (Combination)	1st Vacc: 2nd Vacc: 3rd Vacc: Last booster: Note: If basic immunisation against hepatitis B has started recently, two vaccinations are sufficient. Evidence of the 3rd vaccination can be submitted within 6 months.	or	Titer/Result: Date:
Meningococcal vaccine - ACWY Meningococcal B	Vacc (1 x): 1st Vacc: 2nd Vacc:		

This is to confirm that at the time of examination the required vaccinations or immunity against the above listed infectious diseases pursuant to the Austrian Vaccination Schedule¹ are given.

Place, Date: _____

Signature and stamp² of physician³: _____

¹ Vaccination recommendations for HCWs: <https://www.sozialministerium.at/Themen/Gesundheit/Impfen/Impfplan-%C3%96sterreich.html>

² Validity of Certificate: 6 months

³ Preferred GP, Specialist in Medicine or Pediatrics