



CERTIFICATE OF VACCINATION AND IMMUNITY

For employees prior to employment/work at the Medical University of Vienna in the clinical field (and Vienna General Hospital) (*obligatory information)

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

	Date of vaccination		Antibody titer
MMR 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:		
Covid-19	1st Vacc: 2nd Vacc: 3rd Vacc: Booster: Remark: at least basic immunization (3 vaccinations) must be proved. Recovery alone is not sufficient.		Titer not permissible

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