IMMUNISATION AND HEALTH REQUIREMENTS – A.Y. 2019/20

The form on the following page is a mandatory requirement for all incoming exchange students who apply for clinical rotations; it must be **completed, signed and sealed by a registered physician** according to the student's medical records and/or reports.

Instructions for the PHYSICIAN

Please fill out the form IN CAPITAL LETTERS and tick the relevant boxes according to the medical certificates and/or records produced by the student.

Instructions for the STUDENT

The signed and sealed form, together with all the required attachments, **must be presented as hard copy upon arrival**.

Once you complete your registration at the DIRI-Sportello Studenti Internazionali (via Filippo Re, 4), you will be scheduled for an **appointment with a doctor** at the Occupational Medicine service.

After a **positive assessment (idoneità)** by the Occupational Medicine service, you will receive further instructions about filling in your online study plan and confirming your clinical rotation schedule.

All the above information will be notified on your institutional mailbox (name.surname@studio.unibo.it), so it is advisable that you check it on a regular basis.

Students who fail to bring their certificates concerning immunisation and health requirements or who do not receive a positive assessment by the Occupational Medicine service **will NOT be allowed to attend clinical rotations.**

The medical data submitted with the "Immunisation and Health Requirements" form are confidential and will be used by the Occupational Medicine service of Alma Mater Studiorum – Università di Bologna (U.O. Medicina del Lavoro – via Pelagio Palagi 9, 40138 Bologna) and the Occupational Medicine service of the S.Orsola-Malpighi hospital (U.O. Medicina del Lavoro – Violante, via Pelagio Palagi, Pad. 1, 40138 Bologna) for the purpose of checking that you are fit to attend medical training activities in healthcare settings, in compliance with Italian law 81/2008.

PLEASE DO NOT EMAIL THIS FORM
*This form and all required attachments **must be completed before your arrival** and presented as hard copy during your appointment at the Occupational Medicine service after your arrival in Bologna.*
*Students who fail to bring their medical certificates or who do not receive a positive assessment by the Occupational Medicine service **will not be allowed to attend clinical rotations.***

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STUDENT PERSONAL INFORMATION *(please write IN CAPITAL LETTERS)*

FORENAME(S)		SURNAME(S)		Sex: ❑ M ❑ F
Date of birth (dd/mm/yyyy)		Place and country of birth		
Sending Institution			Erasmus code:	

PHYSICIAN CONTACT DETAILS *(please write IN CAPITAL LETTERS)*

FORENAME(S)		SURNAME(S)	
Address			
Phone		Fax	E-mail

INFORMATION ON VACCINATIONS AND INFECTIOUS DISEASES
Please remember to attach the relevant medical records or laboratory reports to this document

Hepatitis B - mandatory

❑ complete cycle (3 doses required)   ❑ incomplete cycle (number of doses _____)   ❑ never vaccinated

❑ attached lab report showing positive immunity for Hepatitis B

MMR (Measles/Mumps/Rubella) - mandatory

❑ complete cycle (2 doses required)   ❑ incomplete cycle   ❑ never vaccinated

❑ attached lab report showing positive immunity for Measles, Mumps, and Rubella

Varicella - mandatory

❑ complete cycle (2 doses required)   ❑ incomplete cycle   ❑ never vaccinated

❑ attached lab report showing positive immunity for Varicella

Hepatitis C - mandatory

Screening tests for antibody to HCV (anti-HCV) performed within the past 3 months (attach lab report)   ❑ negative   ❑ positive

Tuberculosis - mandatory

Tuberculin Skin Test (Mantoux) performed within the past 12 months (attach report)   ❑ negative   ❑ positive

OR

IGRA test performed within the past 12 months (attach report)   ❑ negative   ❑ positive

HIV *(optional)*

HIV test performed within the past 3 months (attach lab report)   ❑ negative   ❑ positive

HEALTH INFORMATION

The student is currently in good health and is fit to attend medical training activities in healthcare settings (with possible exposure to biohazard and chemicals):

❑ No

❑ Yes

❑ Yes, with the following restrictions:

_____

_____	_____
Place, date	*Seal and signature of the Physician*

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