



## 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
<b>MMR Measles, Mumps, Rubella</b>	1st Vacc:	or	Titer/Result:
	2nd Vacc:		Date:
<b>Diphtheria, Tetanus, Pertussis, Polio</b>	Primary vaccination yes/ no	or	Titer/Result:
	last booster:		Date:
<b>Chickenpox (Varicella)</b>	1st Vacc:	or	Titer/Result:
	2nd Vacc:		Date:
<b>Hepatitis B or Hepatitis A/B (Combination)</b>	1st Vacc:	or	Titer/Result:
	2nd Vacc:		Date:
	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.		

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 Schedule<sup>1</sup> are given.

Place, Date: \_\_\_\_\_

Signature and stamp<sup>2</sup> of physician<sup>3</sup>: \_\_\_\_\_

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

<sup>2</sup> Validity of Certificate: 6 months

<sup>3</sup> Preferred GP, Specialist in Medicine or Pediatrics