VACCINATION DOCUMENTS FOR MEDICAL STUDENTS

- performing any traineeship activities in the frame of a Student Mobility for Studies (SMS), including the traineeship modules which may be part of the subjects taught at the Department of Medicine and Surgery (see details of each subject in the Course Catalogue of the University of Parma)

OR

- performing a Student Mobility for Traineeship (SMT) at the Department of Medicine and Surgery

For traineeships at the hospital, medical students must provide the following documents:

- vaccination certificate attesting the vaccinations carried out, with particular reference to: anti-hepatitis B, anti-measles, anti-parotitis, anti-rubella, anti-varicella, anti-tetanus;
- sanitary documentation relating to antibody dosages: anti-Hbs for which a value ≥ 10 mIU / mL must be reported; positivity to anti-measles, anti-mumps, anti-rubella and anti-varicella antibodies only if the respective vaccinations have not been performed or completed;
- serology for hepatitis C; - intradermal reaction test sec. Mantoux and/or Quantiferon tests (no older than 1 year).

At least one month before the start of their mobility period, students must send by e-mail to the SERVIZIO DI MEDICINA PREVENTIVA DEI LAVORATORI / Preventive Medicine Service (smedprev@unipr.it):

- sanitary documentation attesting vaccinations, antibody dosages, serology for hepatitis C (as described above);
- Attachment A, filled in and signed by their personal Physician;
- Identity Document;
- indication of: surname and name, e-mail, planned arrival date.

The Servizio di Medicina Preventiva dei Lavoratori will then plan for each student a medical examination, which is compulsory for any practical activity at the hospital.

Please note that the above-mentioned e-mail address is valid only for the purposes described here. For any other issues, students may contact the Erasmus and International Home (administrative enquiries) or one of the Departmental Coordinators (educational enquiries).

Roberto Sala, M.D., Ph.D.
Department of Medicine and Surgery
Erasmus+ Departmental Coordinator.

E-mail: roberto.sala@unipr.it; mara.bonelli@unipr.it
ATTACHMENT A

Name ___________________________________________ Last Name_________________________________________

Place and date of birth___________________________________________________________

Address_____________________________________________________________________________________

e. mail_____________________________________________________________________________________

VACCINATIONS

anti-Hepatitis B

1°DOSE________ 2°DOSE________ 3°DOSE________ 4°DOSE________ 5°DOSE________ 6°DOSE________

ANTIBODIES ANTI-HEPATITIS B title ____________________________________________________________ assay date________

anti-MEASLES

1°DOSE________ 2°DOSE________ TITRATION anti-MEASLES ANTIBODIES __________________________

(only if the vaccination has not been performed or completed)

anti-PAROTITIS

1°DOSE________ 2°DOSE________ TITRATION anti-PAROTITIS ANTIBODIES __________________________

(only if the vaccination has not been performed or completed)

anti-RUBELLA

1°DOSE________ 2°DOSE________ TITRATION anti-RUBELLA ANTIBODIES __________________________

(only if the vaccination has not been performed or completed)

anti-VARICELLA ZOSTER

1°DOSE________ 2°DOSE________ TITRATION anti-VARICELLA ZOSTER ANTIBODIES __________________________

(only if the vaccination has not been performed or completed)

anti-TETANUS

1°DOSE________ 2°DOSE________ 3°DOSE________ LAST BOOSTER________

HEPATITIS C SIEROLOGY

Anti-HCV____________ date__________________

If positive:

Ag-HCV____________ or HCV-RNA____________________ date____________________________

MANTOUX INTRADERMOREACTION TEST

□ negative □ positive DATE________

IGRA (Inferon Gamma Realase Assay) TEST

□ negative □ positive DATE________

Only in case of a positive Mantoux test and IGRA test:

Chest X-ray (to be attached)________________________________________________________________

Pneumological examination (to be attached)____________________________________________________

Possible prophylaxis or therapy undertaken (to be attached)_____________________________________

The vaccination certificate, the copy of the antibody titrations, the serology for hepatitis C and the identity document are attached

The Physician