



## **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  $\geq 10$  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 LABORATORI / Preventive Medicine Service ([smedprev@unipr.it](mailto: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 Laboratori 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.

**ATTACHMENT A**

Name \_\_\_\_\_ Last Name \_\_\_\_\_

Place and date of birth \_\_\_\_\_

Address \_\_\_\_\_ mobile \_\_\_\_\_

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 (Inerferon 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