

## Medical certificate

- **Personal Data**

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

---

- **I hereby certify that the above-mentioned person has age-appropriate measles protection, which meets the requirements according to § 20 paragraph 9 IfSG:**

2 Measles vaccinations (for persons after the age of 2 years)

Immunity against measles (serological laboratory test)

- **Exemption from measles vaccination:**

There is a permanent medical contraindication for which vaccination against measles is not possible.

---

- For self-protection and the protection of others, we highly recommend that the above-mentioned person has tested **negatively for HIV** and **Hepatitis C** and has as well a sufficient immunization status for **Hepatitis B with an anti-HBs greater than 100 IU/l**.

Checked & recommendations met     Yes     No

- Please note: if the above-mentioned person suffers from a disease (i.e. epilepsy, chronic gastro-intestinal disease, or psychological disorder), which could affect the person's study or practical training, the person may contact the occupational physician/medical officer ([betriebsarzt@mh-hannover.de](mailto:betriebsarzt@mh-hannover.de)) for further information and/or support before starting their study/traineeship at MHH. All information will be kept confidential. The occupational physician/medical officer (Betriebsarzt) is happy to help.

---

- **Contact details of Physician:**

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_

---

Place, date

---

Signature of physician

---

Stamp