

## Medizinische Hochschule Hannover

### IMMUNIZATION AND SCREENING REQUIREMENTS FOR VISITING STUDENTS

(Results should not be older than 6 months)

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Name: \_\_\_\_\_

Date of last examination: \_\_\_\_\_

Significant findings: \_\_\_\_\_

#### Following laboratory results are requested:

	Date of vaccination:			Titer : Date and results
Hepatitis B *	1.	2.	3.	Or minimum titer value (> 100):
Hepatitis C				
Rubella *	1.	2.		Or titer:
Measles *	1.	2.		Or titer:
Varicella *	1.	2.		Or titer:

(\* Immunity is required)

Hep B: A vaccination of 3 times not older than 10 years is required or a minimum titer value reading >100.

Hep C: should be negative

#### Liver function reading

ASL/SGOT	
AST/SGPT	

Signed: \_\_\_\_\_

(Signature of Physician)

Institute / Hospital: \_\_\_\_\_

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

Date: \_\_\_\_\_ Stamp: \_\_\_\_\_

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**Please return until 4 weeks prior to your arrival in Hannover**

postal address: **Medizinische Hochschule Hannover  
Akademisches Auslandsamt – OE 9140  
Carl-Neuberg-Strasse 1  
D – 30625 Hannover / Germany  
ziegler.cornelia@mh-hannover.de**

E-mail: **ziegler.cornelia@mh-hannover.de**  
phone: **+49 511 532-6027**