

## Medizinische Hochschule Hannover

### IMMUNIZATION AND SCREENING REQUIREMENTS FOR VISITING PHYSICIANS

(Results should not be older than 6 months.)

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Name :

Date of last examination:

Significant findings:

	Date of vaccination	Titer : Date and result
Hepatitis B *		
Hepatitis C		
Rubella *		
Measles *		
Varicella *		
Polio *		

(\* Immunity is required against following diseases.)

ASL / SGOT	
AST / SGPT	

Signed: \_\_\_\_\_  
(Signature of Physician)

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

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

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

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Please return immediatly to:

Postal address:

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