

## Medical certificate

Proof according to § 20 paragraph 9 of the Infection Protection Act (IfSG)

Surname \_\_\_\_\_ Date of birth \_\_\_\_\_

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

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)
- 1 Measles vaccination (sufficient for children aged 2)
- Immunity against measles (serological laboratory test)

**Exemption from measles vaccination:**

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

**Contact details of Physician:**

Surname \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Place, date

Signature

Stamp