



Name, First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

**Certification of the Measles Immunity Status according to §20 (8-14) German Infection Protection Act (Infektionsschutzgesetz - IfSG)**

Dear Mr. /Mrs. (f/m/d)\* \_\_\_\_\_ (\*delete as applicable)

You have had your measles immunity status checked on \_\_\_\_\_ (date). This resulted in the **following evaluation of your immunity situation:**

- ☐ Sufficient immunity against measles can be assumed (double vaccination or serological proof of immunity)
- ☐ Sufficient immunity against measles **cannot** be assumed
- ☐ Due to a medical contraindication it is **not possible** to vaccinate

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Doctor's name in printed letters: .....

Address: .....

Date & Signature of Doctor: .....

Stamp