EBERHARD KARLS
UNIVERSITÄT
TÜBINGEN

Universitätsklinikum
Tübingen

Surname, first name _____

Date of birth _____

Street, house number _____

Postal code, city/town _____

Student ID number _____

Current semester of study _____

Degree programme ☐ Medicine ☐ Dentistry

Certificate of Measles Immunity Status pursuant to Section 20 (8)-(14) of the German Infection Protection Act (IfSG)

On _____ (date), the measles immunity status of _____ (student's first and last name),

born on _____ (date of birth), was assessed.

This assessment resulted in the following finding:

☐ Adequate immunity to measles may be assumed
(two vaccinations or serological evidence of immunity)

☐ Adequate immunity to measles **cannot** be assumed

☐ Vaccination **cannot** be administered due to a medical contraindication

_____

Date, physician's signature

Stamp