

| Dok. Nr.    | Bereich    | Dok. Typ. | Dokumententitel  |
|-------------|------------|-----------|--|
| <b>2108</b> | <b>LKI</b> | <b>FO</b> | <b>Attestation of protection against infectious diseases</b> |

Required for work with or around patients in the A. ö. Landeskrankenhaus – Universitätskliniken Innsbruck.

**Dear employees,**

in the interest of your own protection and that of patients, it is imperative that you are immunised against measles, mumps, rubella and varicella. We appreciate your understanding in this matter.

|                            |                                     |
|----------------------------|-------------------------------------|
| _____                      | _____                               |
| First name and family name | Insurance no. and date of birth     |
| _____                      | _____                               |
| Residential address        | Email address                       |
| _____                      | _____                               |
| Telephone number           | Matriculation number (for students) |

## Requisite attestation of protection against infectious diseases

**This form must be completed by your General Practitioner.**

|                  |                                       |                                       | Date of positive IgG antibody titre |
|------------------|---------------------------------------|---------------------------------------|-------------------------------------|
| <b>Measles</b>   | Date of 1 <sup>st</sup> vaccine _____ | Date of 2 <sup>nd</sup> vaccine _____ | <b>OR</b> _____                     |
| <b>Mumps</b>     | Date of 1 <sup>st</sup> vaccine _____ | Date of 2 <sup>nd</sup> vaccine _____ | <b>OR</b> _____                     |
| <b>Rubella</b>   | Date of 1 <sup>st</sup> vaccine _____ | Date of 2 <sup>nd</sup> vaccine _____ | <b>OR</b> _____                     |
| <b>Varicella</b> | Date of 1 <sup>st</sup> vaccine _____ | Date of 2 <sup>nd</sup> vaccine _____ | <b>OR</b> _____                     |

|             |                              |
|-------------|------------------------------|
| _____       | _____                        |
| Place, date | Doctor's signature and stamp |

## Requested protection

### Hepatitis B vaccination

You will receive information on Hepatitis B immunity during your pre-employment medical examination. The Hepatitis B immunity check is carried out by the occupational medicine department.

### Seasonal flu and other infectious diseases

Carrying out the vaccinations as recommended by the [BMSGPK](#) protects you and our patients.

Please turn over

**Druckversion! Es gilt ausschließlich das elektronische Dokument.**

## To be completed by the applicant

With my signature I confirm that all the information given is true, that all documents (laboratory documents, copy of vaccination certificate if available) have been enclosed and that this information may be used within Tirol Kliniken GmbH for further processing.

\_\_\_\_\_  
First name and family name

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

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Applicant's signature

## Administrative provisions

### Employment

For the occupational health assessment as part of the employment examination, the completed form must be sent to the occupational medicine department (Arbeitsmedizin/Betriebsärztlichen Betreuung) as soon as possible (enclose laboratory document + copy of vaccination certificate). The information will be documented internally by the occupational medicine department and the assessment will be forwarded to the responsible human resources department.

### Work placement

A copy of this attestation must be submitted to the office of the Medical Director or Nursing Director at least two weeks before commencement of the work placement.

### Students of Innsbruck Medical University (MUI)

This form must be submitted by the end of your first academic year at the latest to the Department of Teaching and Academic Organisation (Lehr- und Studienorganisation). A copy must also be submitted to the hospital as necessary (see Clinical Practical Year (KPJ), Medical Elective).

### Compulsory Medical Elective (Pflichtfamulatur)

This attestation must be submitted when registering with the relevant human resources department.

### Clinical Practical Year (KPJ) in a Tirol Kliniken GmbH facility

This attestation must be submitted to the Zentrum für Ärztliche Ausbildung when signing the Clinical Practical Year (KPJ) agreement.

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