



# Medical Certificate

for employees and students working in proximity to patients at **University Hospital Würzburg (UKW)**

Please hand this certificate to the occupational medicine department when you arrive for your medical examination  
(employment/study/placement training)

## Personal Details

Title/surname/first name(s) ..... Date of birth (dd/mm/yyyy) .....  
Duration of employment/training .....  
Employed/training as .....

The following laws, regulations, recommendations, and hospital directives, in their respective current versions, form the basis of this document:

- **Ordinance on Occupational Healthcare (ArbMedVV)**
- **Protection from Infection Act (IfSG)**  
*§23a Personal data of employees*  
If and where required to fulfil the duties named in §23 with respect to diseases that may be avoided through vaccination, employers may record, process, or use personal data of their employees in accordance with §3 paragraph 11 of the Federal Data Protection Act relating to immunization and serological status, in order to justify employment or reach a decision on the nature of said employment
- **Occupational Health and Safety Act (ArbSchG)**  
*§15 Employee's duties*  
(1) Employees have a duty to ensure their safety and health at work to the best of their ability and pursuant to their employer's training and instructions. In accordance with the first sentence, employees shall also ensure the safety and health of persons affected by their acts or omissions.
- **Recommendations made by the Standing Committee on Immunization (STIKO) at the Robert-Koch Institute (RKI)**
- **Hospital directive on employment examinations at UKW**

To be completed by a doctor:

Documentation of immunization status, immunization protection, and proof of immunity

### Hepatitis B

- Documented complete routine immunization
- Anti-HBs ≥ 100 U/l determined on (date): ..... / ..... / .....  
dd/mm/yyyy

### Hepatitis A

- Documented complete routine immunization
- The second (monovalent) or third vaccination took place on (date): ..... / ..... / .....  
dd/mm/yyyy
- Serological proof of immunity exists

### Measles/Mumps/Rubella (MMR)

- Two vaccinations have been administered
- Serological proof of immunity exists for  measles  mumps  rubella

### Chickenpox (Varicella)

- Two vaccinations against chicken pox have been administered OR
- The individual has a definite history of chicken pox
- Serological proof of immunity to chicken pox exists

- Diphtheria/Tetanus/Pertussis (DTP)** or  **Diphtheria/Tetanus/Pertussis/Polio (DTPP)**
- Documented vaccination within the last ten years

Please tick the relevant boxes

.....  
Place, date

.....  
Signature and stamp of doctor