

# Infection Protection Attestation

This attestation is a prerequisite for employment and for acceptance for a work placement, a medical elective or a clinical practical year (KPJ – Klinisches Praktisches Jahr) in any areas that involve working with or around patients in the A.ö. Landeskrankenhaus – Universitätskliniken Innsbruck.

## To Whom it May Concern,

Before you begin employment, your work placement, medical elective or clinical practical year in any area that involves working with or around patients, you must, for your own protection and that of the patients, provide confirmation of immunity to measles, mumps, rubella and varicella, either through documented evidence that you have received two vaccines or evidence of a positive antibody titre. We appreciate your understanding in this matter.

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

\_\_\_\_\_  
Insurance no. and date of birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Matriculation number (for students)

## Compulsory infection protection attestation

**Are you protected against the following?**  
two vaccines or positive IgG antibody titre

Measles     yes     no

Rubella     yes     no

Mumps     yes     no

Varicella     yes     no

When working in certain areas with immunocompromised patients an annual influenza vaccination is also compulsory for the period between the beginning of October and the end of March.

Influenza vaccination     yes     no

## Recommended

### Hepatitis B vaccination

Strongly recommended for your own protection! You will receive information on Hepatitis B immunity during your pre-employment medical examination.

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2108 / Version 1.0	LKI_ÄD	FO	Formblatt zum Infektionsschutznachweis

## To be completed by the doctor

I herewith confirm that Ms/ Mr \_\_\_\_\_ at the time of the examination on (date) \_\_\_\_\_ possessed the compulsory infection protection obligatory for working with and around patients.

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

X

\_\_\_\_\_  
Doctor's signature and stamp

## To be completed by the applicant

With my signature I hereby confirm that all the information I have provided is true.  
Furthermore, I give my consent to my vaccination status being forwarded to Tirol Kliniken GmbH.

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

X

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

## Work placement

A copy of this attestation must be handed in to the Medical Director's office or the Nursing Director's office at least 2 weeks before commencing the placement.

## Students of Innsbruck Medical University

This form must be submitted at the beginning of your studies to the department responsible for teaching and study matters (Lehre und Studienangelegenheiten) and, when required, a copy must also be submitted to the hospital (see below).

## Clinical practical year (KPJ) or medical elective

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

## Employment

This form must be submitted in person during the pre-employment medical examination in the Occupational Medical Care Dept. (Betriebsärztliche Betreuung).

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