

Information

Dear Physician,

Ms/Mr _____,

born _____

is a medical student and is planning to spend a clinical elective / stay abroad for study purposes at the Faculty of Medicine, Technische Universität München, Germany and its University hospital, respectively. Since patient contact is probable in the frame of this training, a declaration of non-objection / clearance certificate by an appropriate consulting physician is required. This declaration has to be issued using the attached form. Conforming to legal specifications, the unrestricted innocuousness can only be confirmed, if the examinations named in (1.) have been performed and nothing abnormal was detected, and furthermore if it is ensured that vaccine protection exists against the viruses named in (2.).

(1.) The following examinations have to be performed:

- Medical history
- General physical examination
- Urine analysis (urine screening test strips; If indicated: urine sediment)
- Erythrocyte sedimentation rate
- Complete blood count (haemoglobin, erythrocytes, leucocytes)
- Gamma-GT
- SGPT (liver function test)
- Blood Sugar
- Hepatitis-C-Virus

(2.) Sufficient vaccine protection has to exist against the following viruses:

- Hepatitis-A-Virus
- Hepatitis-B-Virus
- Mumps
- Measles
- Rubella
- Varicella-Zoster-Virus
- Bordetella pertussis

Thus we kindly ask you, after having been assigned accordingly by the medical student, to consider this information and, after having performed the required examinations and having checked the existence of vaccine protection, to fill in the result in the attached form.

Certificate of medical examination

After having carried out the medical examinations named in (1.) and having checked the vaccine protection against the viruses named in (2.) I hereby confirm: With regard to the planned training at the Faculty of Medicine, Technische Universität München and its University hospital, respectively, and the associated possible patient contact by

Ms/Mr _____,

born _____

I can attest:

innocuousness

innocuousness with the following restrictions:

no innocuousness

(please mark as appropriate!).

(1.) The following examinations have been performed:

- Medical history
- General physical examination
- Urine analysis (urine screening test strips; If indicated: urine sediment)
- Erythrocyte sedimentation rate
- Complete blood count (haemoglobin, erythrocytes, leucocytes)
- Gamma-GT
- SGPT (liver function test)
- Blood Sugar
- Hepatitis-C-Virus

(2.) The existence of sufficient vaccine protection against the following viruses has been checked:

- Hepatitis-A-Virus
- Hepatitis-B-Virus
- Mumps
- Measles
- Rubella
- Varicella-Zoster-Virus
- Bordetella pertussis

Date _____

Physician's name _____

Physician's signature _____