Medical Status Form

то ве о	COMPLETED BY Student / Hospitant:
Name:	expected Department:
Do you have any physical defects or an service? YES NO If yes, please specify:	from (DATE): y history of illness, which might interfere with your functioning on a clinical
TO BE CO	(Signature) DMPLETED BY A MEDICAL PROVIDER:
Tuberculosis-Tests (only for countries	
TB skin test (PPD) or IGRA-Test (QFT/Tspot) BCG is not acceptable as proof of positive PPE x-ray. Persons who have a history of tuberculo) are required for all previous <u>non-responders or never tested</u> persons. Prior history of D. Sputum of AFB is indicated for all persons with symptoms of TBC and/or positive chest sis or past conversion must attest that they are free of chronic fever, chills, night sweats, prophylaxis is required for all recent converters or if two IGRA-Tests are positive under
	RESULT negative positive: mm
or alternative: (2) QFT or Tspot. DATE	RESULT negative positive
If patient is positive [(1) or (2)]:	DATE of last chest x-ray: (after the (1)- or (2)- test)
Chest x-ray RESULT:	(copy of chest x-ray report must be submitted!!)
if indicated, INH-Prophylaxis: fro	om to
I attest that the patient is free of symptom	ns of tuberculosis.
Talloot that the patient is not of sympton	(Medical Provider's Signature)
HepB-vaccinations (date): #1	#2 #3 HBs-Ab: (date): IU
more HBV-vaccinations (dates):	
Hepatitis C Ab: (date):	neg pos facultative HIV-Test: (date): neg pos
History of Varicella (chicken-pox)	YES NO If no: Varicella titer negative positive
If negative titer, Varicella-vaccinations r	required (Dates) #1 #2
Pertussis: last vaccination (date):	MMR-vaccinations (dates): #1 #2
to patients or hospital personnel. The harmonic performance of his/her duties (including	rson who is free from any health impairment that would pose a potential risk health status of the above named individual should not interfere with the the habituation or addiction to depressants, stimulants, narcotics, alcohol or dividual's behaviour). In addition, I attest to all of the information above. Email, Telephone- or Fax-Number
(Stamp)	(Date) (Medical Provider's Signature)
Send this confidential form exc international-medizin@rub.de	lusively to:
international-medizingrap.de	

Medical Status Form

Countries with TBC-incidence >40/100.000

Western Pacific			Korea, Democratic People's Rep	442	Eritrea	78	Europe	
Number TB cases per 100,000 persons			Maldives	41	Ethiopia	207	Number TB cases per 100,000 persor	ns
Brunei Darussalam	62		Nepal	158	Gabon	444	Armenia	45
Cambodia	390		Sri Lanka	65	Gambia	174	Azerbaijan	77
China (including Taiwan)	68		Thailand	171	Ghana	165	Belarus	58
Fiji	67				Guinea	177	Bosnia and Herzegovina	42
Guam	40				Guinea-Bissau	369	Georgia	106
Hong Kong (SAR of China)	74		Eastern Mediterranean		Kenya	246	Greenland	197
Kiribati	497	Nu	mber TB cases per 100,000 person	S	Lesotho	852	Kazakhstan	99
Korea, Republic of (South)	86		Afghanistan	189	Liberia	308	Kyrgyzstan	142
Laos	189		Djibouti	619	Madagascar	235	Latvia	49
Macau (SAR of China)	82		Iraq	43	Malawi	227	Lithuania	62
Malaysia	103		Libya	40	Mali	58	Moldova	153
Marshall Islands	335		Morocco	106	Mauritania	111	Romania	81
Micronesia, Federated States of	195		Pakistan	270	Mozambique	551	Russian Federation	84
Mongolia	170		Somalia	274	Namibia	561	Tajikistan	91
Nauru	73		Sudan	94	Niger	98	Turkmenistan	64
Northern Mariana Islands	61		Yemen	48	Nigeria	322	Ukraine	94
Palau	42		Africa		Rwanda	63	Uzbekistan	82
Papua New Guinea	417	Nu	mber TB cases per 100,000 person	S	Sao Tome and Principe	97	America	
Philippines	288		Algeria	78	Senegal	138	Number TB cases per 100,000 persor	ns
Singapore	49		Angola	370	Sierra Leone	310	Bolivia	120
Solomon Islands	86		Benin	61	South Africa	834	Brazil	44
Tuvalu	190		Botswana	385	South Sudan	146	Dominican Republic	60
Vanuatu	63		Burkina Faso	54	Swaziland	733	Ecuador	54
Vietnam	140		Burundi	126	Tanzania	327	El Salvador	41
South East Asia			Cameroon	220	Togo	58	Guatemala	57
Number TB cases per 100,000 perso	ns		Cape Verde	138	Uganda	161	Guyana	103
Bangladesh	227		Central African Republic	375	Zambia	406	Haiti	200
Bhutan	164		Chad	159	Zimbabwe	278	Honduras	43
Burma (Myanmar)	369		Congo	381			Nicaragua	58
East Timor	498		Congo, Democratic Republic of	325			Panama	46
India	167		Cote d'Ivoire	165			Paraguay	43
Indonesia	399		Equatorial Guinea	162			Peru	120

Data is based on the WHO Global Tuberculosis Control Report 2015: View report at: http://www.who.int/tb/publications/global report/en/index.html Last updated February 2016

Requirements are:

When patient contact:

- 1. Vaccination against measles, mumps, and rubella (MMR)
- 2. Vaccination against pertussis within last 10 years
- 3. Immunity or vaccination against chickenpox

If you undertake exposure prone procedures, additionally:

- 4. Immunity against hepatitis B
- 5. Exclusion of hepatitis C
- 6. Voluntary: exclusion of HIV-infection

From countries with high TBC-incidence (see table above):

7. Exclusion of tuberculosis