
**Tuberculosis skin test (PPD Merieux) or TB INF gamma release Assay (IGRA Test),
taken within the last 12 months:**

Date and result (mm induration) of PPD Merieux:

OR Date and result of IGRA Test:

if positive (more than 6 mm induration) or reactive IGRA Test => X-Ray of the lung:

date and result of the X-Ray:

It is recommended to be informed about one's own HIV-status (the status does not have to be revealed).

**All students must be vaccinated against tetanus, diphtheria, pertussis and poliomyelitis within
the last 10 years and should bring the immunization record about it.**

Name of the vaccine and date of last vaccination:

Name and address of physician:

Official stamp:

Signature of physician:

Date:

**Please release this form to the Occupational health care provider "Betriebsärztlicher Dienst"
via [the upload portal](#).**