

**HEALTH CERTIFICATE
FOR SUBMITTING THE ATTENDANCE APPLICATION
AT THE HOSPITAL OF PADUA**

This is to certify that Mr/Mrs....., born in
on.....resident in.....Postal Code.....in
Vian.

1. Based on the results of specific serological investigations or on the basis of previous vaccinations, he/she is immune to the following transmissible infectious diseases:

- Measles: vaccination immunity positivity found through serological investigations
- Chickenpox: vaccination immunity positivity found through serological investigations
- Rubella: vaccination immunity positivity found through serological investigations
- Mumps: vaccination immunity positivity found through serological investigations

Conversely, he/she not being immune was vaccinated for:

- Measles: vaccination date.....
- Chickenpox: vaccination date.....
- Rubella: vaccination date.....
- Mumps: vaccination date.....

2. With reference to the Mycobacterium tuberculosisinfection, the individual indicated above carried out the following examination:

- Mantoux Test with a: negativepositive result, (taken on the.....) in case of positivity he/she underwent a:
Chest X-ray / other radiological exam:..... (carried out on the) with the following result:

or alternatively:

- IGRA Test (i.e.: Quantiferon or Elispot test) with a: negativepositive result, (carried out on the.....) in case of positivity he/she underwent a:
Chest X-ray / other radiological exam:.....
(carried out on the.....) with the following result:

3. on the basis of the medical exam I carried out and with reference to the above:

DOES NOT PRESENT CONTRAINDICATIONS WITH REGARD TO FREQUENTING THE HOSPITAL

Sincerely
Dr.....

(Stamp and signature)

Place and date.....