



Universidad de Buenos Aires
Facultad de Medicina

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FOREIGN VISITING STUDENT MEDICAL IMMUNIZATION FORM

During clinical experiences medical students are frequently exposed to infectious diseases that are easily preventable by immunization. All students must present proof of immunization to the following diseases.

To be completed by physician:

Student's name: _____

Medical School: _____

	Yes	No	Date vaccination was administered
Measels			
Tetanus / Diphteria			
Polio			
Chicken pox			
Hepatitis			
BCG (tuberculosis)			

PPD within the last year: Planted: _____ Read: _____ Results: _____

If patient is PPD positive: Date of last X-ray (within the past year) _____ Results: _____

I have examined the above named student free from any health impairment that would pose a potential risk to patients or hospital personnel. I attest to all of the information above.

physician's signature

date