EBERHARD KARLS
UNIVERSITÄT
TÜBINGEN

Universitätsklinikum
Tübingen

Name, First Name: _____

Date of Birth: _____

Place of Birth: _____

Certification of the Measles Immunity Status according to §20 (8-14) German Infection Protection Act (Infektionsschutzgesetz - IfSG)

Dear Mr. /Mrs. (f/m/d)* _____ **(***delete as applicable**)**

You have had your measles immunity status checked on _____ (date). This resulted in the **following evaluation of your immunity situation:**

[ ] Sufficient immunity against measles can be assumed (double vaccination or serological proof of immunity)

[ ] Sufficient immunity against measles **cannot** be assumed

[ ] Due to a medical contraindication it is **not possible** to vaccinate

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Doctor's name in printed letters: ……

Address: ……

Date & Signature of Doctor: ……..... Stamp

