**VACCINATION CERTIFICATE**

I, the undersigned Doctor............................................ certify that Sir/Madam................................................................... born on ............................ is up to date for the following vaccinations dated .........................., according to the French immunisation schedule specific to health professionals:

***Diphtheria, tetanus, poliomyelitis***

|  |  |  |
| --- | --- | --- |
| Vaccination (dates) | | Booster (dates) |
| 1st injection |  |  |
| 2nd injection |  |  |
| 3rd injection |  |  |
|  |  | Booster to plan on 20.. |

***Hepatitis B***

|  |  |  |
| --- | --- | --- |
| Vaccination (dates) | |  |
| 1st injection |  |  |
| 2nd injection |  |  |
| 3rd injection |  | To plan on: |
| ***Two mandatory injections before the beginning of the first hospital internship*** | | |
| Amount of anti-HBs antibodies (after the 3rd injection) | | Immunity status |
| Last anti-HBs serology | Date: | Rate: |

***Measles, mumps, rubella***

|  |  |  |
| --- | --- | --- |
| ROR vaccination (dates) | | Caught disease(s) and date(s) |
| 1st injection |  |  |
| 2nd injection |  |  |

***BCG Tuberculosis*** *(highly recommended)*

|  |  |
| --- | --- |
| Vaccination (date) : | IDR result (optional): |
| First injection on: | No vaccine: provide a medical certificate attesting to the absence of contagious diseases |

***SARS CoV-2*** *(highly recommended)*

|  |  |  |
| --- | --- | --- |
| 1st injection |  | Vaccine: |
| 2nd injection |  | Vaccine: |

Certificate valid until ……………… Doctor seal and signature:

Those vaccines are recommended but not mandatory for health professionals: influenza, pertussis, varicella, hepatitis A.

***Except for new vaccinations that would become mandatory, it is possible to duplicate this certificate until the deadline in order to provide a copy each year for the registration.***