# Health Declaration for Clinical Students

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This student will be carrying out activities in a clinical setting as a visiting student at the Faculty of Medicine, Lund University, Sweden. Visiting students who will be in contact with patients must complete a health declaration proving immunity to Measles and Hepatitis B, and negative test result for Tuberculosis and Methicillin Resistant Staphylococcus Aureus (MRSA).

**Tuberculosis Status**

*PPD test <10 mm or a negative Quantiferon test (Quantiferon test recommended for students who previously have had a BCG vaccination). A positive Quantiferon test or a PPD test >10 mm must be followed-up by a chest x-ray.*

The student has no signs of active TB

**Measles and Hepatitis B**

*Laboratory evidence of immunity for Measles and Hepatitis B.*

The student has confirmed immunity to Measles and Hepatitis B

**Methicillin Resistant Staphylococcus Aureus (MRSA)**

*Negative test result from MRSA screening close to arrival at Lund.*

The student has had a MRSA screening and the result is negative

**Covid-19**

The student is fully vaccinated against Covid-19 with

Do not hesitate to contact us at [international\_facultymedicine@med.lu.se](mailto:international_facultymedicine@med.lu.se) if any clarification is required.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp required: