

International office

Health Declaration for Clinical Students

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.

Measles and Hepatitis B

Laboratory evidence of immunity for Measles and Hepatitis B.

- 3 doses of Hepatitis B vaccination or Hepatitis B antibody serology test.
- 2 doses of Measles (MMR) vaccination.

☐ The student has confirmed immunity to Measles and Hepatitis B

Methicillin Resistant Staphylococcus Aureus (MRSA)

(including bacterial cultures from **nasal mucus membrane, throat, perineum** and from any piercing or wound/skin changes)

Students and foreign employees from the Nordic countries (Sweden, Norway, Iceland, Finland and Denmark, included Åland, Faroe Islands and Greenland) are exempted from the MRSA screening.

Negative test result from MRSA screening close to arrival at Lund. Due to local regulations MRSA screening must be repeated upon arrival in Lund.

☐ The student has had an MRSA screening (nasal, throat and perineum) on the following date _____ (DD-MM-YYYY), and the result is negative

☐ The student is from a Nordic country

NB! Please submit your MRSA lab results together with this form.

Tuberculosis Status - Only necessary for students from a [risk country \(red and yellow at the map\)](#)

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
☐ The student is not from a risk country

Important! Ask your physician to fill out the Health Declaration form. Send us the form and the health certificates in one pdf-document titled "FirstnameSurnameHealthDeclaration" to international@med.lu.se at the latest of two weeks before arrival to Lund.

By sending the form, I give the Occupational Health Service at Lund University permission to communicate with the person in charge at the Faculty of Medicine, Lund University regarding the results of the MRSA sampling. Valid 8 months after submitted form.

Do not hesitate to contact us at international@med.lu.se if any clarification is required.

Student Name: _____ Date of Birth: _____

Physician's Signature: _____ Date: _____

Email address (physician): _____ Stamp required: _____