**CERTIFICATION OF HEALTH SCREENING AND IMMUNIZATION  
ARRIVING EXCHANGE STUDENTS (Based on Finnish law and act of infectious diseases)**

**Name of the student:­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of birth (dd/mm/yyyy): \_\_/\_\_/\_\_\_\_**

**Sending institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vaccinations:**

**You have to have:**

**1. Tetanus, (vaccination should have been taken within 20 years)**

**1st dose Date (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_  
 2nd dose Date (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_   
 3rd dose Date (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_**

**2. Diphteria, (vaccination should have been taken within 10 years)   
 1st dose Date (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_  
 2nd dose Date (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_   
 3rd dose Date (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_**

**3.Pertussis (Boostrix ,dtap)** for all Student who may be in contact with infant   
 Childs. (vaccination should have been taken within **5 years**)

Date (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_

4. **Polio**, (vaccination should have been taken within 5 years)

**1st dose Date (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_  
 2nd dose Date (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_   
 3rd dose Date (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_**

**5. MMR, mumps, measles, rubella, taken two doses and 2nd dose at least 3 weeks before arrival to Finland**

**1st dose Date (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_  
 2nd dose Date (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_**

**6. Hepatitis B (when you have had these three doses?)**

**Date (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_** **Date (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_  
 Date (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_**

**7. Seasonal Influenza**

**Date (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_**

**This is optional vaccination:**

**8. Hepatitis A (if you have had it/them and how many doses)**

**Date (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_  
Date (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_**

**Chicken pox: You have to bring the documentation of chicken-pox (the certification of having immunization of S –VZVAb)**

**You have to take test of immunization of S –VZVAb**

**Date (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_**

A Written (in English) document of Chest x-ray (Thorax statement):

Students from Africa, Asia, South- and Middle America, former Soviet Union countries or has treated or otherwise been in close contact with patients with tuberculosis or has clinical symptoms suggesting tuberculosis. Not older than 3 months.

This is to certify:

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (dd/mm/yyyy): \_\_/\_\_/\_\_\_\_

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

M.Dr / School Nurse

Name of the signatory in block letters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp