Medical certificate

Surname _____ Date of birth _____

First name _____

Address _____

_____

_____

I hereby certify that the above mentioned person has age-appropriate measles protection

- ☐ 2 Measles vaccinations (for persons after the age of 2 years)
- ☐ 1 Measles vaccination (sufficient for children aged 2)
- ☐ Immunity against measles (serological laboratory test)

Exemption from measles vaccination:

- ☐ There is a permanent medical contraindication for which vaccination against measles is not possible.

Contact details of Physician:

Surname _____

First name _____

Address _____

_____

_____

Place, date Signature Stamp