



Health certificate

This health certificate must be **completed and signed by a licensed physician and presented (printed original copy) at the clinical placement.**

Student information

First name:

Last name:

Date of birth (month/day/year):

Country of origin:

Phone number:

Email:

University / educational institution in Sweden:

Check all that apply

Tuberculosis (TB) assessment

Symptoms of TB? (long-lasting cough, fever night sweats, weight loss)?

yes no

If yes, referral to an infection clinic for diagnosis and treatment is required before departure for Sweden.

Previous TB treatment or LTBI diagnosis?

yes no

If yes, attach a recent negative chest X-ray report in English (radiologist's statement, not images).

TB exposure*

yes no

**If during the past 5 years lived in a high TB burden country (see separate list of countries) for more than 3 months or have a family member or other close contact with tuberculosis.*

If Yes, a recent tuberculin skin test, TST (PPD) or IGRA (QuantiFERON) test is required:

Negative TB Test (TST/IGRA)

If tested, attach a copy of test result.

Screening date: _____

In case of a positive TST/IGRA test result, a chest X-Ray is required:

Negative Chest-X-ray

Attach a copy of chest X-ray report in English (radiologist's statement, not images).

Screening date: _____

If answered YES to any of the questions above, the student should contact Student Wellbeing Centre, KI for further screening before departure for Sweden: studenthalsan@ki.se

MRSA assessment

Does the student have any wounds, eczema, damaged skin or other risk factors*?

yes no

*Medical devices that go through the skin or mucous membranes, such as catheters, drains or stomas (piercings are not considered a risk for MRSA if the surrounding skin or mucosa is not irritated or infected).

If answered YES to the question above, the student should contact Student Wellbeing Centre, KI for further screening before departure for Sweden: studenthalsan@ki.se

Immunization coverage

Hepatitis B

Vaccinated: yes no

Varicella (Chickenpox)

Vaccinated / had disease: yes no

