



Dear Visiting colleague/Student,

thank you for your interest to join Università Cattolica del Sacro Cuore (UCSC Cattolica, Rome Campus) and the affiliated academic medical center Gemelli Hospital.

As we strive to protect your personal health, and that of our patients and all the staff, a Health Surveillance Unit is in charge of processing any request from any visiting student/resident/scholar.

The Health Surveillance Unit must ascertain that each candidate has a fully valid immunization record and that a series of laboratory tests do not issue any medical concern. This is done in agreement with the Italian law [D.Lgs. 81/2008 and ss.mm.ii].

Each candidate must receive a formal approval by the Health Surveillance Unit before the beginning of any elective rotation, either in hospital units or in research facilities, in the UCSC Cattolica or in Gemelli Hospital.

Here you can find the list of immunizations and laboratory tests that need to be presented with important specific information. Please, read the document carefully and follow the instructions.

It is highly suggested that you complete all the necessary immunization requirements and the laboratory tests **BEFORE** your arrival and that you submit that information **at least four weeks prior to your arrival**. In case of late or no submission of the requested information the onboarding process will require more time and there will be a delay in the beginning of the rotation.

Before receiving a final approval, the candidate will undergo a clinical evaluation at the Health Surveillance clinic. An appointment will be scheduled through the Cattolica International Office, and you will be notified by email ahead of time with all the relevant information.

Instructions on how to proceed:

1. Fill in the form below with all the requested information and attach a copy of your immunization records and laboratory test results. Tests will be considered valid only if performed within 8 months prior to the first day of the rotation. These documents should be in English language and they should be emailed all together in a single PDF file to sorveglianza.sanitaria-rm@unicatt.it **at least 4 weeks prior to the arrival date**.
2. For those with missing mandatory vaccinations or abnormal titers or reactions: the candidate must notify the Health Surveillance and the International Office indicating the missing vaccinations (or abnormal titers or reactions) at least **4 weeks prior to the arrival date**.
3. For those without laboratory tests or with tests of expired validity, who are not in the condition to perform such tests prior to their arrival, the Health Surveillance Unit will carry out the required tests upon arrival at Cattolica at no cost for the candidate. However, this will delay the start of the rotation by approximately one week. The candidates must notify the Health Surveillance and the International Office of such circumstance at least **4 weeks prior to the arrival date**.

If you have questions regarding the requirements, please feel free to contact our office at sorveglianza.sanitaria-rm@unicatt.it

Sincerely,



VISITING MD/STUDENT IMMUNIZATION RECORD

NAME: _____ SURNAME: _____ GENDER: MALE FEMALE

DATE OF BIRTH: ____/____/____ START AND END DATE OF YOUR VISIT: FROM ____/____/____ UNTIL ____/____/____.

ADDRESS: _____ MOBILE PHONE: _____

EMAIL: _____

VISITING MD/STUDENT MUST FILL IN ALL THE FOLLOWING ITEMS AND SIGN AT THE END OF THE FORM

A. Chicken Pox/Varicella: Proof of immunity will mean two doses of varicella or serologic evidence of immunity.

Immunization dates: #1 _____ # 2 _____

Titer date: _____ Result (copy must be attached): Immune Not Immune

B. Rubella: Proof of immunity to German Measles will mean one dose of the rubella vaccine or serologic evidence of the disease.

Immunization date: _____

Titer date: _____ Result (copy must be attached): Immune Not Immune

C. Rubeola: Proof of immunity to measles means two doses of live vaccine (after 1968) administered on or after the first birthday, separated by at least one month, or serologic evidence of immunity.

Immunization dates: #1 _____ # 2 _____

Titer date: _____ Result (copy must be attached): Immune Not Immune

D. Mumps: Proof of mumps immunity means two doses of mumps vaccine administered on or after the 1st birthday or serologic evidence of immunity.

Immunization dates: #1 _____ #2 _____

Titer date: _____ Result (copy must be attached): Immune Not Immune

E. Tuberculosis Screen: IGRA (Interferon-Gamma Release Assays) blood test is required.

Date: ____/____/____ (must be within 3 months) Result (copy must be attached): Positive Negative Indeterminate

If IGRA is positive, a chest x-ray is required. Date: ____/____/____ (must be within 6 months; attach a copy of the report)

F. Influenza Vaccination from current or most recent season (PRIOR TO ARRIVAL):

Date of administration: _____ Lot # _____ Manufacturer: _____ Exp _____

G. Pertussis: Proof of immunity will mean documentation of the Tdap vaccine (tetanus, diphtheria, pertussis or ADACEL).

Immunization date: _____ (must be within the past 10 years)

H. Hepatitis B: Immunization dates: #1 ____/____/____ #2 ____/____/____ #3 ____/____/____ AND HBsAb titer date: ____/____/____

Immune Not Immune (must attach titer results)

COVID-19 Vaccine: Immunization dates: #1 ____/____/____ #2 ____/____/____ Brand: _____

Date

Signature



LABORATORY tests

Blood

- Complete blood count with leukocyte formula
- Reticulocyte count
- Blood glucose
- Uric acid
- Blood urea nitrogen (BUN)
- Creatinine
- Total and fractionated bilirubin
- Aspartate transaminase (AST or GOT)
- Alanine transaminase (ALT or GPT)
- Gamma-glutamyl transferase (GGT)
- Alkaline phosphatase
- Triglycerides
- Total cholesterol
- HDL cholesterol
- LDL cholesterol
- Protein electrophoresis
- Total proteins
- Erythrocyte sedimentation rate (ESR or VES)
- Fibrinogen level
- C-reactive protein (PCR)

Urine

- Chemical and microscopic examination of urine

Serology for infectious diseases:

- Hepatitis B - HBsAg, Anti-HBsAg, Anti-HBcAg
- Hepatitis C - Specific IgG
- Rubella virus antibodies - Specific IgG and IgM
- Measles virus antibodies - Specific IgG and IgM
- Mumps virus antibodies - Specific IgG and IgM
- Varicella-zoster virus antibodies - Specific IgG and IgM