

Università Cattolica del Sacro Cuore - Rome Campus Largo Francesco Vito 1, 00168 Roma For International students: +39 06 3015 5819 ucsc.international-rm@unicatt.it

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 those information at least two 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 to <a href="mailto:health.surveillance-rm@unicatt.it">health.surveillance-rm@unicatt.it</a> 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.

lf	you	have	questions	regarding	the	requirements,	please	feel	free	to	contact	our	office	at
he	alth.	surve	illance-rm	@unicatt.i	<u>t</u>									

Sincerely,	

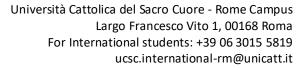


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# **VISITING MD/STUDENT IMMUNIZATION RECORD**

NAME:	SURNAME:		GENDE	ER: MALE _	FEMALE
DATE OF BIRTH:/	START AND END DATE OF YO	OUR VISIT: FROM	JJ	_UNTIL/	
ADDRESS:	MOBILE	PHONE:			
EMAIL:					
	TUDENT MUST FILL IN ALL THE F	OLLOWING ITEMS AP	ND SIGN AT	THE END OF T	HE FORM
A. Chicken Pox/Varicella: Pro	of of immunity will mean two dos	ses of varicella or sero	ologic eviden	ice of immunit	:y.
Immunization dates: #1	#2				
Titer date:	Result (copy must be attached)	: Immune Not Immur	ne		
B. Rubella: Proof of immunity	to German Measles will mean o	ne dose of the rubella	vaccine or	serologic evide	ence of the disease.
Immunization date:					
Titer date:	Result (copy must be attached)	: Immune Not Immur	ne		
C. Rubeola: Proof of immunit separated by	ry to measles means two doses o	of live vaccine (after 1	1968) admini	istered on or a	after the first birthday,
at least one month, or serolo	gic evidence of immunity.				
Immunization dates: #1	# 2				
Titer date:	Result (copy must be attached)	: Immune Not Immur	ne		
D. Mumps: Proof of mumps evidence of immunity.	immunity means two doses of n	numps vaccine admin	istered on c	or after the 1s	t birthday or serologic
Immunization dates: #1	#2				
Titer date:	Result (copy must be attached)	: Immune Not Immur	ne		
E. Tuberculosis Screen: IGRA	(Interferon-Gamma Release Assa	ys) blood test is requi	ired.		
Date://(must b	pe within 3 months) Result (copy	must be attached): Po	ositive Nega	itive Indeterm	inate
If IGRA is positive, a chest x-r	ay is required. Date://_	(must be within 6	months; att	ach a copy of	the report)
F. Influenza Vaccination from	current or most recent season (F	PRIOR TO ARRIVAL):			
Date of administration:	Lot #	Manufacturer:			Exp
G. Pertussis: Proof of immuni	ty will mean documentation of th	ne Tdap vaccine (tetar	nus, diphthe	ria, pertussis o	or ADACEL).
Immunization date:	(must b	pe within the past 10	years)		
H. Hepatitis B: Immuniz	zation dates: #1//_	#2//_	#3	_//	AND HBsAb titer
Immune Not Immune (must a	attach titer results)				
COVID-19 Vaccine: Im	nmunization 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