

**Medical certificate of aptitude,
immunization and compulsory vaccinations
concerning ERASMUS students**

Place, date _____

I, undersigned, Dr : _____

certifies that, in accordance with the article **L3111-4 of French Code of Public Health** relative to compulsory vaccinations of physiotherapist students,

And according to the **Ministerial Circular n° 60 du 1^{er} June 1970**, concerning the counter-indications about physiotherapy studies :

Last name:

First name:

Date of birth:

Physiotherapy student is up to date of its compulsory vaccinations (diphtheria, tetanus, poliomyelitis and tuberculosis) and is immunized against hepatitis B.

Last recall vaccination DTPolio conducted – Accelerated protocol		
Name of the vaccine	Date	N° lot

Vaccination Hepatitis B		
Name of the vaccination	Dates	N° lot
First injection		
Second injection	One month after the first injection	
Third injection	One month after the second injection	
Booster after 12 months (*)		
Serology HB compulsory (one month after the third injection)	Date	Result (en UI/l) <i>If the result is lower than 10 UI/l, the internship will not take place</i>

Vaccination Tuberculosis		
Name of the vaccination	Date	N°lot
Intradermal tuberculin test (recently performed)	Date	Result (en mm)

And following a medical examination, certifies that the student named above is qualified to perform any clinical training periods and he/she has no contagious disease detectable to date.

(*) After the three first injections, if the result of the serology is \geq to 10 UI/l, the student can attend the internship.

Signature and medical stamp