



**Dear student,**

during the beginning of your studies we wish you to present your immunization records to your student health care nurse. This request concerns every student and is based on our duty to ensure protection from infection epidemics among the entire school community. In addition students at the social and health sector have to meet certain immunization requirements in designated sights.

This prerequisite form is meant to survey immunization and risk factors having to do with tuberculosis and salmonella. The information will only be used by student health care.

Helsinki's social services and health care division has under the obligation of the communicable diseases act 1227/2016 given instructions dd mm yy regarding enactment of the act in Helsinki's social and health care division.

According to the law, students starting internship March 3rd, 2018 or later have to be immunized against **measles and chickenpox**. Additionally the annual flu shot is required and immunization against **whooping cough** every five years for those nursing under 1-year-olds.

The communicable diseases act obligates both those working in the social services and health care division, and those working with children under school age a health report showing that they don't have pulmonary tuberculosis. Food workers need a health report showing that they don't have salmonella.

**Students** entering internship should hand in the required information to student health care well before the beginning of the internship.

Student health care will give a report or statement indicating whether the student is fit for their job. The student presents the report to the school and the superior at the internship. Presenting the report is voluntary, but failure of presenting it can lead to a student not being qualified for internship. Workers with symptoms are not allowed to continue working until the cause of the symptoms are clarified.

Find out your immunization records from the health center of the municipality where your vaccines were taken. If you are unsure of your immunization records or you have other questions, contact your school nurse. Return a filled form to your school nurse.

Name \_\_\_\_\_



Social security number \_\_\_\_\_

Municipality of residence \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Sector of vocational education \_\_\_\_\_

Vaccine	Date	
Tetanus-d (tetanus diphtheria)	I ____ / ____ 20 ____	Booster (given after the initial vaccine dose is over 10 years old)
dtap (Boostrix) (diphtheria, tetanus, and whooping cough)	I ____ / ____ 20 ____	
Polio	I ____ / ____ 20 ____	Booster only if necessary every five years.
MPR (measles, mumps, rubella)	I ____ / ____ 20 ____ II ____ / ____ 20 ____	Past medical history <input type="checkbox"/> measles <input type="checkbox"/> mumps <input type="checkbox"/> rubella
Flu shot Given annually	Last shot taken, year _____ <input type="checkbox"/> I don't know	Flu shot has to be valid or chicken pox already had starting March 3rd 2018 in employer's spec- ified care facilities.
Chickenpox vaccine (Varilrix or Varivax)	I ____ / ____ 20 ____ II ____ / ____ 20 ____	Have you already had chickenpox? <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Voluntary vaccines</b>		
Hepatitis-A (Havrix or Epaxal)	I ____ / ____ 20 ____ II ____ / ____ 20 ____	
Hepatitis-B (Engerix-B or HBVax- Pro)	I ____ / ____ 20 ____ II ____ / ____ 20 ____ III ____ / ____ 20 ____	
Combination vaccine Hepatitis A+B (Twinrix)	I ____ / ____ 20 ____ II ____ / ____ 20 ____ III ____ / ____ 20 ____	

I confirm that the information given in this form is true, complete and accurate.

Date and time \_\_\_\_\_



Signature \_\_\_\_\_

### Tuberculosis infection report and risk factors:

Have you been in close contact with a person with pulmonary tuberculosis (e.g. people living in the same household, family, friends)?  yes  no

Have you previously had tuberculosis?  yes  no

Have you nursed a patients with tuberculosis in any country?  yes  no

Countries you have continuously spent at least 12 months:

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Countries you have worked in health care continuously for at least 3 months:

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Have you had the following symptoms?

Continuous coughing for more than 3 weeks  yes  no

Sputum (coughing up phlegm)  yes  no

Coughing up blood  yes  no

Fever for more than 2 weeks  yes  no

Sweating at night for more than 2 weeks  yes  no

Unusual fatigue for more than 2 weeks  yes  no

Weight loss  yes  no

I confirm that the information given in this form is true, complete and accurate.

Date and time \_\_\_\_\_

Signature \_\_\_\_\_



## Salmonella certificate for food industry internship

Name of student \_\_\_\_\_

Social security number \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

School/sector of vocational education \_\_\_\_\_

The purpose of this report is to clarify the student's health in the beginning of internship

- a) If the student does not currently have or has not during the past month had diarrhea with fever: The student assures that they do not currently have and have not for the duration of the previous month had diarrhea with fever. Therefore there is no justifiable reason to think that the examinee would be a carrier of the salmonella bacteria.
- b) If the student has had diarrhea with fever during the past month: The examinee has had diarrhea during the past month. Based on laboratory examination the examinee does not carry the salmonella bacteria.

I confirm that the information given in this form is true, complete and accurate.

Date and time \_\_\_\_\_

Signature \_\_\_\_\_