



NTNU	Identification of vaccination status	Prepared by	Number	Date	
		the HSE section	HMSRV-1302E	30.01.2013	
HSE		Approved by	Page	Replaces	
		the Rector	1 out of 2	15.08.2007	

As your work involves contact with human material, live animals, soil or wastewater, we would like to offer you immunization against hepatitis B, tetanus and/or polio. To provide you with the appropriate vaccine and the optimal dose, it is important that you consider and look into the following questions.

Information about your vaccines and the immunization date is stated in your vaccination certificate and/or is available from the office where you received the vaccine.

It is the responsibility of each unit to coordinate the immunization of its employees/students. Please contact the HSE coordinator or the person in charge of the laboratories, and he or she will in turn make appointments for vaccination with the HSE section.

Please bring the completed form and your vaccination certificate to the immunization appointment.

Name: _____
Personal identification no.: _____

Unit: _____
Date (of completing this form): _____

1. Put a cross in the shaded box, specifying the factors where relevant:

Human material:	<input type="checkbox"/>	
Live animals:	<input type="checkbox"/>	
Soil:	<input type="checkbox"/>	
Wastewater:	<input type="checkbox"/>	



2. Have you been immunized in connection with travels abroad?

If yes, which vaccines?

Date:

Date:

Date:

NTNU	Identification of vaccination status	Prepared by	Number	Date	
		the HSE section	HMSRV-1302E	30.01.2013	
HSE		Approved by the Rector	Page 2 out of 2	Replaces 15.08.2007	

3. Have you received routine boosters after leaving primary/elementary school? (For example during military service)

If yes, which vaccines?

_____ Date:
 _____ Date:
 _____ Date:

4. Have you received booster doses in connection with cuts and wounds?

If yes, which vaccines?

_____ Date:
 _____ Date:
 _____ Date:

This information is stated in your vaccination certificate and/or can be obtained from the office where you received your treatment.

5. Do you suffer from any type of chronic disease or allergy?

If yes, which type/s?

6. Are you on regular medication?

If yes, please specify:

7. Are you pregnant?

Yes No

8. Have you ever had an allergic reaction to a vaccine?

Yes No