

Certificate of full measles protection

for taking up an activity
in an institution pursuant to Sect. 23(3) Sentence 1, Sect. 33 No. 1–4 or Sect. 36(1)
No. 4 of the German Protection Against Infection Act (IfSG)

Last name, first name

Date of birth

Address

The person named above has been vaccinated against measles twice or is immune to measles in accordance with the German Measles Protection Act (*Masernschutzgesetz*):

Yes No*

* The person cannot be vaccinated due to a medical contraindication¹:

Yes No

The existence of a contraindication is sufficiently substantiated in the patient file.

Place, date

Doctor's stamp and signature

¹ Please refer to the recommendations (in German) of the Saxon Vaccination Commission on general contraindications for vaccinations (<https://www.slaek.de/media/dokumente/02medien/Patienten/gesundheitsinformationen/impfen/e2.pdf>)