



<p><b>Tuberculosis</b></p>	<p>TB gamma-interferon blood test (e.g. Elispot-TB<sup>®</sup> or Quantiferon-TB<sup>®</sup> test):</p> <p>Negative    <i>ll</i>    Positive    <i>lll</i></p>	<p>Date : __ / __ / ____</p> <p>If positive, what action was taken: .....</p> <p>.....</p> <p>.....</p>
<p><b>COVID-19</b></p>	<p><input type="checkbox"/> Primovaccinated with 2 doses</p> <p style="text-align: center;">or</p> <p><input type="checkbox"/> Infected and vaccinated with one dose (or 2 doses)</p> <p><input type="checkbox"/> Booster dose</p>	<p>Vaccine name : .....</p> <p>Date of vaccination : __ / __ / ____</p> <p>Date of vaccination : __ / __ / ____</p> <p>Infection date : __ / __ / ____</p> <p>Vaccine name : .....</p> <p>Date of vaccination : __ / __ / ____</p> <p>Vaccine name : .....</p> <p>Date of vaccination : __ / __ / ____</p>

Date and signature:

This form should be returned to:

École de médecine  
Bureau de l'enseignement  
Rue Dr César-Roux 19  
CH - 1005 Lausanne

**Data confidentiality:** the Faculty of Biology and Medicine and the Division of the Health Care Workers Medicine at the CHUV guarantee the confidentiality of your personal data. It will not be distributed or used by third parties. This data will be stored at the CHUV Division of the Health Care Workers Medicine.

CLB/PAB/07.09.2021 / translated 01.01.2022 / update 20.09.2022

Faculté de biologie et de médecine  
École de médecine

