

## Information forms for exchange students concerning need for vaccinations, a tuberculosis risk assessment and MRSA risk assessment

Please provide the information about **your vaccination status, tuberculosis risk and MRSA risk** below.

Students participating in practical training at a social services or healthcare unit must be immune to **measles** and **varicella (chickenpox)**, either through vaccination or a personal history of the disease; those caring for infants must also be vaccinated against **pertussis (whooping cough)**. Students are also required to be vaccinated against **influenza**. (Infectious Diseases Act, 1227/2016, Section 48.)

In addition to the vaccinations mentioned above, it is important that the student also has valid vaccinations against **mumps, rubella, and tetanus** as well as **hepatitis A+B**. Currently, students need 3 vaccinations of **Covid-19** but please be aware that this may increase to 4 in 2023.

Getting vaccinated is voluntary and presenting a statement on suitability is also voluntary. However, your practical training location is required by law to check your suitability and the employer is not obliged to accept you for the training if your suitability cannot be confirmed.

## Vaccinations required for incoming exchange students

### Vaccination Information

Please fill the forms in clear handwriting. Check your vaccination details from your vaccination card or the health centre of the municipality where you last studied.

**Vaccinations are required for all students doing any clinical internships in Finland.**

Last name: _____
First name: _____
Phone number: _____
Email: _____
Date of birth: ___/___/_____
Place of birth: _____
Sex: _____
Nationality: _____
University where you are studying in Finland: _____
Education / Future profession: _____

### 1. Tetanus, Diphtheria and Pertussis (whooping cough) vaccinations

If you are scheduled to undergo practical training or start a job where you care for infants (aged under 1), you must be protected against pertussis. The pertussis vaccination is given at child welfare clinics as part of the national vaccination but does not provide lifelong protection.

Vaccination against pertussis must have been given less than five years ago.

	Yes	No	Date when the vaccination was given
<b>Tetanus + Diphtheria (dT)</b>	<input type="checkbox"/>	<input type="checkbox"/>	___/___ ___
<b>Tetanus + Diphtheria + Pertussis (dtap)</b>	<input type="checkbox"/>	<input type="checkbox"/>	___/___ ___

These vaccinations can also be given separately:

	Yes	No	Date when the vaccination was given
<b>Tetanus</b>	<input type="checkbox"/>	<input type="checkbox"/>	___/___ ___
<b>Diphtheria</b>	<input type="checkbox"/>	<input type="checkbox"/>	___/___ ___
<b>Pertussis</b>			___/___ ___

### 2. MMR combination vaccination (measles-mumps-rubella) = MPR combination vaccination (morbilli-parotitis-rubella)

	Yes	No	Dates when the vaccinations were given
<b>MMR, two vaccinations needed</b>	<input type="checkbox"/>	<input type="checkbox"/>	1. ___/___ ___
	<input type="checkbox"/>	<input type="checkbox"/>	2. ___/___ ___

### 3. Varicella = Chicken pox

	Yes	No	Date when the vaccination was given
Have you had chicken pox?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you been vaccinated against chicken pox?	<input type="checkbox"/>	<input type="checkbox"/>	___/___ ___

#### 4. Hepatitis B

Hepatitis B can be given separately or **alternatively** as a part of A+B hepatitis combination vaccine

	Yes	No	Dates when the vaccinations were given
<b>Hepatitis B</b> (minimum of three vaccinations)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. ___/___ ___ 2. ___/___ ___ 3. ___/___ ___
OR ALTERNATIVELY			
<b>Hepatitis A + B</b> (minimum of three vaccinations)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. ___/___ ___ 2. ___/___ ___ 3. ___/___ ___

#### 5. Polio

Polio booster vaccine should be given if more than 12 months have passed since the previous vaccination and the student comes to Finland having been in a **high-risk country** for more than four weeks.

A list of high-risk polio countries can be found here: <https://www.terveyskirjasto.fi/mat00226>

	Yes	No	Dates when the vaccinations were given
<b>Polio vaccines</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. ___/___ ___ 2. ___/___ ___ 3. ___/___ ___ 4. ___/___ ___

## 6. COVID-19 Vaccinations

Exchange students must have **valid COVID-19** vaccinations when starting their internship in Finland.

	Yes	No	Names and dates when the vaccinations were given
<b>COVID-19 vaccines</b>  <b>Three vaccinations are currently required - but as of 1.1.2023 this may be changed to four vaccinations.</b>	<input type="checkbox"/>	<input type="checkbox"/>	1. ___/___ ___
	<input type="checkbox"/>	<input type="checkbox"/>	2. ___/___ ___
	<input type="checkbox"/>	<input type="checkbox"/>	3. ___/___ ___
	<input type="checkbox"/>	<input type="checkbox"/>	4. ___/___ ___

## 7. Influenza vaccine

According to The Communicable Diseases Act (1227/2016, section 48) students attending their internships in hospitals, health stations or in long-term care facilities for the elderly must have protection against influenza provided by vaccination. Vaccination protection is required when working in the immediate vicinity of a patient or client.

	Yes	No	Date when the vaccination was given
<b>Influenza vaccine</b>	<input type="checkbox"/>	<input type="checkbox"/>	1. ___/___ 20__

Signature (student): \_\_\_\_\_

Name in block letters: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ 20\_\_\_ Place: \_\_\_\_\_

## Screening for tuberculosis; social and health care students

Section 55 of the Infectious Diseases Act requires employers to request, in certain situations and to protect their patients or clients, that social or health care students starting practical training at a social services or healthcare unit or those who are starting practical training to care for pre-school aged children, undergo a reliable assessment to ensure that the students do not have pulmonary tuberculosis. This assessment is extremely important as a student with pulmonary tuberculosis may pass on the infection to patient or clients being treated, whose immunity is often impaired. The assessment includes an interview and, if necessary, a chest X-ray.

Last name: _____	
First name: _____	
Date of birth: ___ / ___ ____	Sex: _____
Nationality: _____	

**Please answer the questions on page 7 to find out whether a tuberculosis assessment is required.**

**If you answer YES even once**, you must undergo an assessment (Thorax X-ray) to rule out tuberculosis before you start your practical training with social services or a healthcare unit or start caring for children under school age. If you need the thorax X-Ray, please fill in the X-ray form on page 8.

Please note, the assessment is not required if less than 2 years have passed since your previous assessment, and you have not been re-exposed to tuberculosis.

**If you answer NO to all questions**, a tuberculosis assessment is not required.

A list of all countries with a very high or high risk of tuberculosis is available here:

<https://thl.fi/documents/533963/1449651/Maaluettelo+17.3.2022.pdf/164619cb-2596-eaea-c6df-bab7c0fdc609?t=1647958003091>

Tuberculosis	Yes	No
Were you born in a country with a very high incidence of tuberculosis? ( $\geq 150/100,000$ cases annually)	<input type="checkbox"/>	<input type="checkbox"/>
Have you lived at least 12 months in a country with a very high incidence of tuberculosis ( $\geq 150/100,000$ cases annually)?  If your working duties will involve caring for newborn infants, the assessment is required if you have lived in a country in which the incidence of tuberculosis is $\geq 50/100,000$ .	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked in healthcare for at least 3 months in a country with a very high incidence of tuberculosis? ( $\geq 150/100,000$ cases annually)  If your working duties will involve caring for newborn infants, the assessment is required if you have worked in healthcare for at least 3 months in a country in which the incidence of tuberculosis is $\geq 50/100,000$ .	<input type="checkbox"/>	<input type="checkbox"/>
Have you been involved in the care of a patient with lung tuberculosis without appropriate protection?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in close contact with a person with contagious lung tuberculosis without appropriate protection?	<input type="checkbox"/>	<input type="checkbox"/>

Signature (student): \_\_\_\_\_

Name in block letters: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ 20\_\_\_\_ Place: \_\_\_\_\_

### Health statement by physician: THORAX X-RAY

Foreign degree and exchange students

Last name: _____	
First name: _____	
Date of birth: ____/____ ____	Sex: _____
Nationality: _____	

<p><b>Thorax X-ray</b></p> <p>Findings must be normal, statement less than 3 months old, NOT X-ray pictures</p> <p>Date of X-ray: ____/____ ____</p> <p>Result: _____</p> <p>_____</p>
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Signature (student): \_\_\_\_\_

Name in block letters: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ 20\_\_\_\_ Place: \_\_\_\_\_

Signature (physician): \_\_\_\_\_

Name in block letters: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ 20\_\_\_\_ Place: \_\_\_\_\_

Phone number: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Stamp: \_\_\_\_\_

## Methicillin-resistant Staphylococcus aureus (MRSA)

MRSA is a cause of staph infection that is difficult to treat because of resistance to some antibiotics. Staph infections (including those caused by MRSA) can spread in hospitals and other healthcare facilities, and in the community where you live, work, and go to school.

### An MRSA test is required for all students doing any clinical internship in Finland

You will have to take a test in your home country, as close as possible to the start of your internship in Finland. Please present the test result at your practical training place.

**I have read the information about MRSA and understand the orders given to me.**

Signature (student): \_\_\_\_\_

Name in block letters: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ 20\_\_\_\_ Place: \_\_\_\_\_

## Suitability on the basis of self-assessment

I have filled in this form on the basis of the information available to me. I confirm that I meet the requirements of Section 48 of the Infectious Diseases Act concerning protection against infectious diseases while working in social services and healthcare premises treating patients or clients susceptible to experience serious complications in connection with infectious diseases.

Personal identity code \_\_\_\_\_

Place and date \_\_\_\_\_

Signature and name in block letters \_\_\_\_\_

Please complete and sign these forms as soon as possible after your placement has been confirmed.

**Show this form at your practical training location as required.**