



4. Einzureichende Unterlagen *Documents to be submitted*

- Lebenslauf *CV*
- Motivationsschreiben *Letter of Motivation*
- Ausweiskopie *Copy of ID card*
- Studienbescheinigung *Certificate of Study*
- Sprachnachweis *Language Certificate*
- Gesundheits- und Impfstatus *Proof of Health and Immunization Status*
- Krankenversicherungsnachweis *Health Insurance Certificate covering Germany*
- Kopie des Visums (nicht EU-Bürger) *Copy of the Visa (Non-EU-Citizens)*

Eine Haftpflichtversicherung ist nicht erforderlich, wird aber dringend empfohlen. *A liability insurance is not required but highly recommended.*

5. Aufenthaltsbedingungen *Conditions of Stay*

- Ich weiß, dass ich keinen Anspruch auf einen Platz habe, sofern ich diese Bewerbung nicht vollständig und fristgerecht einreiche (mindestens drei Monate vor Beginn der Famulatur). *I know that I am not entitled to join RUB unless I submit this application completely and at due date (at least three months before the beginning of the clinical rotation).*
- Mir ist bekannt, dass meine Famulaturen, sobald diese bestätigt wurden, nicht mehr geändert werden können (das Hinzufügen von neuen Famulaturen bleibt hiervon unberührt). *I am aware that once my clinical rotations have been confirmed, they cannot be changed (without prejudice to the addition of new clinical rotations).*

Mit meiner Unterschrift bestätige ich die Richtigkeit meiner Bewerbung, sowie die Aufenthaltsbedingungen unter Nr. 5. *With my signature I confirm the correctness of my application, as well as the conditions of stay under no. 5.*

.....
Ort, Datum *Location, Date*

.....
Unterschrift *Signature of the Applicant*

Ausfüllhinweise

Guidelines

Bitte füllen Sie den Bewerbungsbogen vollständig und am Computer aus. Bitte beachten Sie, dass diese Bewerbung ohne Ihre Unterschrift nicht gültig ist. *Please fill out the application form completely and use a computer. Please note that this application is not valid without your signature.*

Zu 2. Angaben zum Erasmus Programm *Reference to no. 2 Details of Erasmus Program*

- Hier geben Sie das Akademische Jahr an, für das Sie sich bewerben möchten. Ein Akademisches Jahr besteht aus dem Wintersemester und dem Sommersemester. Planen Sie Ihren Aufenthalt im Sommer 2022, entspräche das dem Akademischen Jahr 2021/2022. *Please indicate the academic year for which you wish to apply. An academic year comprises a winter semester and a summer semester. If you plan your stay in summer 2022, it corresponds to the academic year 2021/2022.*
- Bitte kreuzen Sie an, im Rahmen welches Programmes Sie zu uns kommen. *Please select the program within the framework of which you are coming to us.*
- Als Gesamtdauer geben Sie den Tag der geplanten An- sowie Abreise an (TT.MM.JJ). *As total duration please enter the day of your scheduled arrival and departure time (dd.mm.yy).*

Zu 3. Famulatur *Clinical Rotation*

- Sie können den Zeitraum Ihrer Famulaturen frei wählen. Bitte beginnen Sie jedoch Ihre Planung an einem Montag. Eine Mindestdauer von 2 Wochen je Fachabteilung (Psychiatrie mindestens 4 Wochen) muss eingehalten werden. *You are free to choose the period of your clinical rotations as you desire. However, please start your planned rotations on a Monday. A minimum duration of 2 weeks per department (except Psychiatry at least 4 weeks) is mandatory.*
- Sofern Sie Ihr Praktikum in einem bestimmten [Universitätsklinikum](#) absolvieren möchten, tragen Sie dies bitte entsprechend ein. Andernfalls werden wir Sie je nach Kapazitäten zuteilen. Eine Garantie für ein bestimmtes Klinikum geben wir nicht. *If you would like to do your internship at a specific [university hospital](#), please enter this accordingly. Otherwise, we will assign you according to capacity. We cannot guarantee a certain hospital.*
- Wenn Sie mit einem Erasmus Praktikum kommen, erhalten Sie von uns keine Credit Points für Ihre Famulatur. Sie bekommen von der jeweiligen Klinik eine Bescheinigung für die Absolvierung der Famulatur. Mit Hilfe dieser wird am Ende Ihres Aufenthaltes Ihr Learning Agreement für Erasmus Praktika unterzeichnet. *If you come with an Erasmus Traineeship, you will not receive any credit points for your clinical rotation. You will receive a certificate from the respective clinic for the completion of the clinical rotation. This will be used to sign your Learning Agreement for Erasmus Traineeships at the end of your stay.*
- [Hier](#) finden Sie nähere Informationen zu Famulaturen und unseren Universitätskliniken und Fachabteilungen. [Here](#) you can find more information about clinical rotations as well as our university hospitals with respective departments.

Medical Status Form

TO BE COMPLETED BY Student / Hospitant:

Name: _____ expected Department: _____
from (DATE): _____

Do you have any physical defects or any history of illness, which might interfere with your functioning on a clinical service? YES NO

If yes, please specify: _____

(Signature)

TO BE COMPLETED BY A MEDICAL PROVIDER:

Tuberculosis-Tests (only for countries with TBC-incidence >40/100.000)

TB skin test (PPD) or IGRA-Test (QFT/Tspot) are required for all previous non-responders or never tested persons. Prior history of BCG is not acceptable as proof of positive PPD. Sputum of AFB is indicated for all persons with symptoms of TBC and/or positive chest x-ray. Persons who have a history of tuberculosis or past conversion must attest that they are free of chronic fever, chills, night sweats, persistent cough and/or hemoptysis. Isoniazid prophylaxis is required for all recent converters or if two IGRA-Tests are positive under age of 50.

(1) PPD- skin test DATE _____ RESULT negative positive: _____ mm

or alternative:

(2) QFT or Tspot. DATE _____ RESULT negative positive

If patient is positive [(1) or (2)]: DATE of last chest x-ray: _____ (after the (1)- or (2)- test)

Chest x-ray RESULT: _____ (copy of chest x-ray report must be submitted!!)

if indicated, INH-Prophylaxis: from _____ to _____

I attest that the patient is free of symptoms of tuberculosis.

(Medical Provider's Signature)

Hep.-B-vaccinations (date): #1 _____ #2 _____ #3 _____ **HBs-Ab:** (date) _____: _____ IU/L

more HBV-vaccinations (dates): _____

Hepatitis C Ab: (date) _____: neg pos facultative **HIV-Test:** (date) _____: neg pos

History of Varicella (chicken-pox) YES NO **If no: Varicella titer** negative positive

If negative titer, **Varicella-vaccinations required (Dates)** # 1 _____ # 2 _____

Pertussis: last vaccination (date): _____ **MMR-vaccinations** (dates): #1 _____ #2 _____

I have examined the above named person who is free from any health impairment that would pose a potential risk to patients or hospital personnel. The health status of the above named individual should not interfere with the performance of his/her duties (including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other substances, which may alter the individual's behaviour). In addition, I attest to all of the information above.

Name of the Medical Provider, Address, Email, Telephone- or Fax-Number

(Stamp)

(Date)

(Medical Provider's Signature)

Send this confidential form exclusively to:

international-medizin@rub.de

Medical Status Form

Countries with TBC-incidence >40/100.000

Western Pacific		Korea, Democratic People's Rep	442	Eritrea	78	Europe	
Number TB cases per 100,000 persons		Maldives	41	Ethiopia	207	Number TB cases per 100,000 persons	
Brunei Darussalam	62	Nepal	158	Gabon	444	Armenia	45
Cambodia	390	Sri Lanka	65	Gambia	174	Azerbaijan	77
China (including Taiwan)	68	Thailand	171	Ghana	165	Belarus	58
Fiji	67			Guinea	177	Bosnia and Herzegovina	42
Guam	40			Guinea-Bissau	369	Georgia	106
Hong Kong (SAR of China)	74	Eastern Mediterranean		Kenya	246	Greenland	197
Kiribati	497	Number TB cases per 100,000 persons		Lesotho	852	Kazakhstan	99
Korea, Republic of (South)	86	Afghanistan	189	Liberia	308	Kyrgyzstan	142
Laos	189	Djibouti	619	Madagascar	235	Latvia	49
Macau (SAR of China)	82	Iraq	43	Malawi	227	Lithuania	62
Malaysia	103	Libya	40	Mali	58	Moldova	153
Marshall Islands	335	Morocco	106	Mauritania	111	Romania	81
Micronesia, Federated States of	195	Pakistan	270	Mozambique	551	Russian Federation	84
Mongolia	170	Somalia	274	Namibia	561	Tajikistan	91
Nauru	73	Sudan	94	Niger	98	Turkmenistan	64
Northern Mariana Islands	61	Yemen	48	Nigeria	322	Ukraine	94
Palau	42	Africa		Rwanda	63	Uzbekistan	82
Papua New Guinea	417	Number TB cases per 100,000 persons		Sao Tome and Principe	97	America	
Philippines	288	Algeria	78	Senegal	138	Number TB cases per 100,000 persons	
Singapore	49	Angola	370	Sierra Leone	310	Bolivia	120
Solomon Islands	86	Benin	61	South Africa	834	Brazil	44
Tuvalu	190	Botswana	385	South Sudan	146	Dominican Republic	60
Vanuatu	63	Burkina Faso	54	Swaziland	733	Ecuador	54
Vietnam	140	Burundi	126	Tanzania	327	El Salvador	41
South East Asia		Cameroon	220	Togo	58	Guatemala	57
Number TB cases per 100,000 persons		Cape Verde	138	Uganda	161	Guyana	103
Bangladesh	227	Central African Republic	375	Zambia	406	Haiti	200
Bhutan	164	Chad	159	Zimbabwe	278	Honduras	43
Burma (Myanmar)	369	Congo	381			Nicaragua	58
East Timor	498	Congo, Democratic Republic of	325			Panama	46
India	167	Cote d'Ivoire	165			Paraguay	43
Indonesia	399	Equatorial Guinea	162			Peru	120

Data is based on the WHO Global Tuberculosis Control Report 2015: View report at: http://www.who.int/tb/publications/global_report/en/index.html
Last updated February 2016

Requirements are:

When patient contact:

1. Vaccination against measles, mumps, and rubella (MMR)
2. Vaccination against pertussis within last 10 years
3. Immunity or vaccination against chickenpox

If you undertake exposure prone procedures, additionally:

4. Immunity against hepatitis B
5. Exclusion of hepatitis C
6. Voluntary: exclusion of HIV-infection

From countries with high TBC-incidence (see table above):

7. Exclusion of tuberculosis

Planned Location of practical Training: _____

Duration: _____

Important notice for practical Trainees: If you, during your professional education, already had a professional healthcare, please enclose the last health attestation including collected laboratory findings.

Medical certificate for healthcare Trainees

To be completed by a general physician and to be submitted to the planned location of Training **before** the beginning of Traineeship.

This document should be submitted to the future Trainee at least 8 weeks before the beginning of Traineeship. To ensure sufficient immunisation, the Trainee has to visit the general physician **a minimum of 6 weeks** before the beginning of traineeship.

Herewith we certify that Mr / Mrs _____ born _____
is physically and mentally fit and free of contagious diseases.

Immunity status:

Hepatitis B*

Yes No

	A minimum of two Vaccinations have been carried out		
	the last Vaccination has been carried out : _____ (minimum of two weeks before the start of traineeship)		
or			
	Serological evidence is existent (Anti-HBs \geq 100 IU/l)		

Measles / Mumps / Rubella (MMR)*

Yes No

	At least two Vaccinations have been carried out in childhood or adolescence or		
	Male Trainees without MMR Vaccination in childhood or adolescence have been vaccinated <u>once</u> as adult from on 18 years of age or		
	Female Trainees at childbearing age without MMR Vaccination in childhood have been vaccinated <u>two times</u> as adult from on the age of 18 years.		
	the last Vaccination has been carried out : _____ (minimum of two weeks before the start of traineeship)		
or			
	Serological evidence of protection is existent		

Chicken pox / Varicella*

Yes No

	At least two Vaccinations have been carried out within intervals of four up to six weeks		
	the last Vaccination has been carried out : _____ (minimum of two weeks before the start of traineeship)		
or			
	Serological evidence of protection is existent		

Please notice: The medical record of having had the disease in the past is not sufficient and will not be accepted!

Whooping cough / Pertussis*

Yes No

	Up to 17 years of age: At least four Vaccinations have been carried out: the last Vaccination has been carried out: _____		
	From on 18 years of age: A minimum of one Vaccination has been carried out the last Vaccination has been carried out : _____ (minimum of two weeks before the start of traineeship)		
or	Pertussis / whooping cough experienced (microbiological confirmation within the last ten years)		

Vaccinations against Polyomyelitis, Hepatitis A and Influenza are recommended.

City

Date

Signature

Stamp

* For Persons up to 18 years of age, expences for vaccinatio against Hepatitis B, Measles, Mumps, Rubella, Chicken pox and Whooping cough will usually be beared by health insurance funds; for women who wish to concieve vaccinations against Whooping cough, Chicken pox and Rubella, the expences will be beared up to and after 18 years of age.