


<b>Annex 03 – COVIS (Confirmation Of Vaccination, Immunization, and Screening) – All staff</b>					
MED 2107	Form				
Issue date 01 Sept 2016	Revision # 1	Revision date 27. April 2017	Prepared By Ramona Herrfurth	Approved By Dr. Jens Tuelsner	Page 1 of 2

**Part A (to be filled by the crew member):**

e- number code (Costa only) 99-51874 Last and First Name of Crewmember: FABRIS EMILIO  
Date of birth: 31.07.1959 Department: ENTERTAINMENT  
Country of residence: ITALY

**Part B (to be filled by the doctor):**

- 1.) ALL CREW MEMBERS: Due to company regulation the above mentioned person needs to provide a written proof of at least one of the following for Mumps, Measles, and Rubella. **Please circle or fill in with dates, signature and stamp:**

	Written documentation of completed vaccination series (e.g. by vaccination card) (Fill in only if YES with date, signature and stamp)	Blood test showing evidence of immunity against the disease (*): (Fill in only if YES with date, signature and stamp)	Test done 1 <sup>st</sup> shot (Fill in if YES with date, signature and stamp):	Test done 2 <sup>nd</sup> shot (at least one month apart from the 1 <sup>st</sup> ): (Fill in if YES with date, signature and stamp):
Measles Mumps Rubella (**)			Dott. BOJAN FABIO REGIONE VENETO ULSS 16 L.GO OBIZZI, 111 - ALBIGNASEGO (PD) Tel. 049.862573 - Cod. Reg. 4442 <i>[Signature]</i>	Dott. BOJAN FABIO REGIONE VENETO ULSS 16 L.GO OBIZZI, 111 - ALBIGNASEGO (PD) Tel. 049.862573 - Cod. Reg. 4442 9.11.2017 <i>[Signature]</i>

(\*) IgG antibodies to be verified in serum above the threshold

(\*\*) If administered separately, it's sufficient one dose of live Rubella, whereas two doses of both measles and mumps.


- 2.) FOOD HANDLERS ONLY (in addition to mumps, measles and rubella).

"Foodhandler" = all staff in Galley, Bar, Restaurant, F&B Stores, Room service, and additionally **for Costa only** the following positions: F&B Director, Asst. F&B Director, Sanitation Officer, Butler, Night Steward, Master's Valet.

Due to company regulation the above mentioned person needs to provide a written proof of at least one of the following for Hepatitis A and Typhoid. **Please fill in with date, signature and stamp of the doctor:**

	Written documentation of vaccination series (e.g. by vaccination card) ( if yes fill in with date, signature and stamp)	Blood test showing evidence of immunity against the disease (***) ( if yes fill in with date, signature and stamp)	Test done/ Fill in if YES with date, signature and stamp 1 <sup>st</sup> shot:	Test done/ (fill in the date) 2 <sup>nd</sup> shot (at least six months apart from the 1 <sup>st</sup> shot):
Hepatitis A(*)				
Typhoid (**)		-----		-----

(\*) Vaccination against Hepatitis A provides immunization for 10 years. Pls. write dates of the two doses

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(\*\*) Vaccination against Typhoid fever provides immunization up to 3 years max. Pls. write date of the vaccination

(\*\*\*) Pls. write date of the blood test showing IgG antibodies verified in serum above the threshold. Valid for 10 years after evaluation (vaccination or laboratory examination).

- 3.) CREW MEMBERS FROM COUNTRIES WITH HIGH INCIDENCE OF TUBERCULOSIS: In addition to Mumps, Measles, and Rubella (and if applicable to no. 2), Crew Members who live (or have lived in the past) in one of the following countries need to have a written proof of at least one of the following for Tuberculosis. These tests are valid for two years.

Angola, Bangladesh, Brazil, Cambodia, China, Congo, Central African Republic, DPR Korea, DR Congo, Ethiopia, India, Indonesia, Kenya, Lesotho, Liberia, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, Papua New Guinea, Philippines, Russian Federation, Sierra Leone, South Africa, Thailand, the United Republic of Tanzania, Viet Nam, Zambia and Zimbabwe
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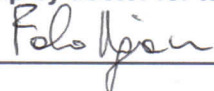
If vaccination against tuberculosis was provided, please document date of vaccination:

In this case no further checks are required.

Please circle:

	Quantiferone Test	Mantoux Test	Test done/ vaccination given (fill in the date):
Tuberculosis	Positive / Negative	Positive / Negative	02-03-2016
<b>If Quantiferon test or Mantoux test is positive or if these tests are not available in the country, please review and confirm that the following additional tests and evaluation are present:</b>			
X-ray of the chest	A clinical evaluation done by a doctor, which must specify whether systemic symptoms are present (e.g. loss of weight, cough, fever, night sweats etc.)		
YES / NO	YES / NO		

Date, signature and stamp by doctor for tuberculosis check

11-08-2017 

Dr. BOJAN FABIO  
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