



CHARLES UNIVERSITY  
Faculty of Medicine in Pilsen  
alej Svobody 76, 323 00 Plzeň  
ID: 002 16 208

CZ EN

## VACCINATION CERTIFICATE AGAINST HEPATITIS B

STUDENT'S FULL NAME (LAST NAME, MIDDLE NAME, FIRST NAME)

STUDENT'S ID

BIRTHDATE

I confirm that the above student

on  completed during his studies at the Faculty of Medicine in Pilsen complete vaccination against hepatitis B virus according to paragraph 9 of the Decree of the Ministry of Health of the Czech Republic No. 537/2006 Coll. three doses of vaccine according to the proper schedule;

the student has a sufficient amount of antibodies against HbsAg exceeding 10 IU/liter (in case the student was vaccinated before entering the faculty);

the student was revaccinated with at least one dose of vaccine due to low antibody levels in the range of 1 to 9.9 IU/liter.

STAMP

DATE

DOCTOR'S SIGNATURE

