

Dear Student,

Please arrange for the Immunisation report to be completed by your registered GP.

Once you have obtained this immunisation report from your GP, please send it to Occupational Health at the address, email or fax number below:

Email: occhealth.admin@porthosp.nhs.uk

Fax: +44 (0)23 9228 6739

Tel: +44 (0)23 9228 3352

Address: Occupational Health Department
Queen Alexandra Hospital
Southwick Hill Road
COSHAM
United Kingdom
PO6 3LY

Please note that you must obtain this information before you commence your placement.

If you have been unable to obtain evidence from your GP you will be offered an appointment with Occupational Health to have the relevant vaccinations/serology's to complete this requirement for placement.

*Measles, Mumps and Rubella (MMR) – If you are unable to provide documentary evidence of 2 MMR vaccinations then you will be asked to attend an appointment to have a blood sample taken to test for MMR antibodies. Please can you provide evidence when possible as this will ensure you are cleared for clinical placement.

*Varicella (Chickenpox) - please let the team know if you have had Varicella in the past as verbal history of the disease is sufficient. If you had Varicella but were born or raised in a sub-tropical country you will be asked to attend to have a blood sample taken to confirm immunity.

Patient Full Name _____

Date of Birth _____

Course _____

Start Date _____

IMMUNISATIONS

Please complete the table below and attach evidence of vaccination records and serology reports for the vaccinations detailed below.

Immunisation	Dates	Antibody result (if known/ applicable)
BCG (TB vaccination) (date of vaccination if given)		
MMR 1 (documented evidence of vaccination date)		
MMR 2 (documented evidence of vaccination date)		
Varicella (chickenpox) Immunity or positive history of chickenpox		
If you have had chickenpox were you born or raised in a sub tropical country?	YES / NO	
Hepatitis B injection 1		
Hepatitis B injection 2		
Hepatitis B injection 3		
Hepatitis B Antibody Test		
Hepatitis B injection 5 year booster		

Practice Stamp

PLEASE RETURN THIS FORM TO THE PATIENT