

Dear Student,

Please arrange for the below immunisation template to be completed by your registered GP surgery. This can take 4-6 weeks, please allow sufficient time before starting your course. Any charges by GP surgeries for this service are your responsibility.

Evidence must clearly display your name and be stamped by your GP surgery to be valid.

Please bring a copy of your evidence to your 1st Occupational Health Appointment.

Once you have obtained your immunisation evidence from your GP, please send it to:

Email: [OccHealth@porthosp.nhs.uk](mailto:OccHealth@porthosp.nhs.uk)

Subject: (Your Course Name) September and **(year of commencing study)**

***Not providing this information in sufficient time may delay  
your ability to attend your clinical placements.***



Immunisation Evidence from Registered GP Surgery

Full Name:	
Date of Birth:	
UOP Healthcare Course:	
Course Start Date	

**IMMUNISATION EVIDENCE:**

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

<b>Immunisation</b>	<b>Date of Vaccination</b>	<b>Antibody Result</b>
BCG (TB) Vaccination		
MMR 1 <sup>st</sup> Vaccination		
MMR 2 <sup>nd</sup> Vaccination		
Varicella (Chickenpox)* (Verbal history is acceptable)		
<i>If you have had chickenpox, were you born or raised in a sub-tropical country? If yes, you are required to have a blood sample taken to confirm your Immunity.</i>		Yes / No
Hepatitis B 1 <sup>st</sup> Vaccination		
Hepatitis B 2 <sup>nd</sup> Vaccination		
Hepatitis B 3 <sup>rd</sup> Vaccination		
Hepatitis B Antibody Test		
Hepatitis B Immediate Booster		
Covid-19 1 <sup>st</sup> Vaccination		
Covid-19 2 <sup>nd</sup> Vaccination		
Covid-19 3 <sup>rd</sup> Vaccination		

**GP PRACTICE STAMP**

**DATE COMPLETED**

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**PLEASE RETURN THIS COMPLETED FORM TO THE PATIENT**