

## ***Review of Immunisation Status Procedures***

Please indicate which one of the following options you would like to choose and sign below:

- I will undertake to review my immunisation status with a medical practitioner from the University Health Service, and undertake related screening & updating as required. I will ensure that the practitioner concerned is not a relative of mine.

I understand and agree that where I use the University Health Service for the immunisations required to participate in clinical medical training, the University Health Service can report to the Faculty of Medicine, Nursing & Health Sciences (to MBBS Student Services) if I no longer meet the immunisation requirements. MBBS Student Services may contact me to discuss my compliance with the immunisation requirements (which is necessary for the completion of my undergraduate medical training).

**or**

- I will undertake to review my immunisation status with a medical practitioner of my choosing. I will ensure that the practitioner concerned **is not a relative of mine.**

I understand that if I choose my own practitioner I must:

- Collect written information from MBBS Student Services, Reception, Building 15 about the requirements of my consultation to take with me to the practitioner;
- Provide the medical practitioner with the completed Vaccination and Infectious Disease Questionnaire and **evidence of my vaccination history.**
- Take a confirmation of consultation form for him/her to sign on completion of my visit/tests stating that I have completed all immunisation requirements.
- Take from the practitioner a 'vaccination statement' detailing my complete immunisation status.
- Ensure that the confirmation form and vaccination statement are returned to MBBS Student Services, Reception, Building 15.

**or**

- I am **not** willing to see such a medical practitioner or to follow through the recommended immunisation or blood testing program, and undertake to discuss this at an appropriate time with the Deputy Dean, Faculty of Medicine, Nursing & Health Sciences.

Signature.....

Name.....

Student ID.....Date.....

**Please return to: MBBS Student Services, Reception, Building 15**