

# Form A



## **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 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 Professor Ben Canny, Deputy Dean, Faculty of Medicine, Nursing & Health Sciences.

Signature.....

Name.....

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

Please return to:

**MBBS Student Services, Reception, Building 15**