

Choice of Doctor Form

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

I will undertake to discuss my immunisation status and relevant related matters with an appropriate medical practitioner, as identified with the Faculty. I will ensure that the practitioner concerned is not a relative of mine.

OR

I will undertake to discuss my immunisation status and relevant related matters with an appropriate medical practitioner of my choice. 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 the Nutrition and Dietetics Unit about the requirements of my consultation to take with me to the practitioner;
- Take a letter for the medical practitioner to sign on completion of my visit/tests stating that I have been seen for this purpose.
- Ensure that the letter is forwarded to the Course Administrator, *Nutrition and Dietetics Unit, Level 5, Block E, 246 Clayton Road, Clayton, VIC 3168.*

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:
Course Administrator,
Nutrition and Dietetics Unit,
Level 5, Block E, MMC
246 Clayton Road,
Clayton, VIC 3168.