



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.

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 Nutrition and Dietetics Student Services) if I no longer meet the immunisation requirements. Nutrition and Dietetics 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 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.**