



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 by the University Health Service (USH)**. 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 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 the Administrative Officer about the requirements of my consultation to take with me to the practitioner;
- Provide the Medical Practitioner with the completed Vaccination Questionnaire
- Take a confirmation of consultation form for him/her to sign on completion of my visit/tests stating that I have been seen for in accordance with Faculty requirements – without detailing results or follow up.
- Ensure that the letter is forwarded to the Administrative Officer, Building 13C, Clayton Campus.

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:

**Administrative Officer
 Department of Medical Imaging and Radiation Sciences
 Faculty of Medicine Nursing & Health Sciences,
 Building 13C Rm 132 Monash University Clayton 3800**