

NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In order for you to carry out your practice with a clinical placement we require the following information including any documentary evidence you have. Healthcare workers may be exposed to infectious hazards during the course of their employment and in certain circumstances may also transmit infections to patients. GO Health Services will provide the University with information on your immunisation status. The information provided will be retained by GO Health Services and will be held on a secure database and will not be used for any other purpose without your consent.

<u>Vaccine / Test</u>	<u>Vaccination Dates &amp; Results</u>					<u>Identified &amp; Validated Lab Report</u>	<u>Signature of GP/Practice Nurse/OHS</u>
<b>Childhood Vaccinations</b> (Information can be obtained from your GP Practice. You <b>must</b> ensure that these are up-to-date prior to commencement of your course. Failure to do so may delay starting your placement)							
MMR 1 <sup>st</sup>							
MMR 2 <sup>nd</sup>							
Tetanus	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5		
Polio	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5		
Diphtheria	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5		
Pertussis	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5		
<b>Please indicate if you have received the following vaccinations/blood tests – and provide documentary evidence</b> (If you have not had the required immunisations or tests, they will be carried out on commencement of your course).							
Hepatitis B 1st							
Hepatitis B 2nd							
Hepatitis B 3rd							
Hepatitis B Antibody Blood Test						Y/N	
Mantoux Test							
Mantoux Reading (result in mm)							
BCG							
Varicella (Chickenpox) Blood Test						Negative / Positive	
Varicella Vaccine	Dose 1		Dose 2				
Verbal History of Childhood Infection							
Hepatitis B Surface Antigen						Negative / Positive	Y/N
HIV Antibody						Negative / Positive	Y/N
Hepatitis C Antibody						Negative / Positive	Y/N
<b>COVID Vaccination</b> (Evidence to be provided - Please follow link <a href="https://www.nhsinform.scot/covid-19-vaccine/after-your-vaccine/get-a-record-of-your-coronavirus-covid-19-vaccination-status">https://www.nhsinform.scot/covid-19-vaccine/after-your-vaccine/get-a-record-of-your-coronavirus-covid-19-vaccination-status</a> )							
All COVID Vaccinations							

\*\*\* Please scan and email (or post) this completed form. Alternatively send a completed Immunisation form from your GP (stating your name and date of birth) to [gram.ohs@nhs.scot](mailto:gram.ohs@nhs.scot) as soon as possible. Failure to do so may delay starting your health clearance. \*\*\*

Practice Stamp:

You have a duty of care to protect patients, colleagues and yourself by completing any required courses of vaccinations, to ensure you are immunised in accordance with the recommendations from the Department of Health.

**In preparation for the assessment for fitness to clinical placement you *must* have received the following vaccinations (1 & 2) :**

1. **Measles, Mumps & Rubella (MMR)** - We require you to provide evidence of 2 x MMR vaccinations – you will be offered a further vaccine if required. The normal schedule is two doses of MMR vaccine after the age of one year.
2. **Tetanus, Diphtheria, Pertussis and Polio** - Please provide documentary evidence. The normal schedule for Tetanus, Diphtheria and Polio is:
  - At the age of 12 months: Three doses of diphtheria, tetanus, polio.
  - At transfer to secondary school: Four doses of diphtheria, tetanus and polio containing vaccine.
  - Before leaving school: Five doses of diphtheria, tetanus, polio containing vaccine.- the normal schedule for Pertussis is:
  - First dose of 0.5ml of a pertussis-containing vaccine at two months of age
  - Second dose of 0.5ml at three months of age (one month after the first dose)
  - Third dose of 0.5ml at four months of age (one month after the second dose)
  - Fourth dose of 0.5ml should be given as part of the pre-school booster (three years four months old or soon after).

**You may have received the following vaccinations. If you have not they will be carried out on commencement of course:**

**Hepatitis B Vaccination and Antibody Blood Test** - If you have had previous vaccination and serology please provide evidence. Immunisation and a blood test will be offered to all students. This is given to protect you from contracting the disease following an exposure to blood and body fluids.

**Tuberculosis (TB)** - We require you to provide evidence of a BCG vaccine and BCG scar check. You will be offered screening and vaccination if required

**Varicella (Chickenpox)** – Please provide evidence of immunity either by verbal history of the disease or serology. If required you will be offered a vaccination.

**Hepatitis B Surface Antigen, Hepatitis C Antibody and HIV Antibody** - GO Health will carry these test out on behalf of the University of Aberdeen School of Medicine, Medical Sciences and Nutrition. Information will be emailed to you with your appointment.out. Please take personal identification to your appointment (passport/driving licence). GO Health are unable to pass you fit until these blood tests have been completed.

Should you have any queries regarding your immunisations email [gram.ohs@nhs.scot](mailto:gram.ohs@nhs.scot).