

**Occupational Health Service**

 **Email ohenquiries@uhb.nhs.uk**

**Telephone 0121 371 7170**

**Immunisation History Record**

* All students on courses which have a clinical component must prove that they have been immunised against Rubella, Measles and Tuberculosis and are advised to be immunised against Hepatitis B.
* Dental Surgery and Dental Hygiene and Therapy students must be immunised against Hepatitis B and additionally require validated blood tests for HIV Screen, Hepatitis C Antibody Screen and Hepatitis B Surface Antigen.

You may consult with your GP to complete the Immunisation History Record, but they are not obligated to do so. Below are examples of websites that can be used as a resource:-

BUPA: [Visit the BUPA website](http://www.bupa.co.uk/facilitiesfinder)

MASTA Travel Clinic: [Visit the MASTA Travel Clinic website](http://www.masta-travel-health.com/)

**Please send copies of documentary evidence. DO NOT SEND ORIGINALS.**

**We would recommend you retain copies of all completed forms for your own records.**

**You will be contacted only if there is a need for clarification with your health clearance.**

**PLEASE RETURN THE COMPLETED HEALTH DECLARATION AND IMMUNISATION RECORD (separate documents) to** **ohenquiries@uhb.nhs.uk** **THESE MUST BE RECEIVED NO LATER THAN 23/06/2022.**

**IMMUNISATION HISTORY RECORD**

**TO BE COMPLETED BY YOUR HEALTH CARE PROFESSIONAL**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Documentation of two MMR vaccines is required. If you cannot produce this documentation a blood test for Rubella and Measles must be completed and a positive result obtained. Copy of blood test result to be attached.

|  | **DATE GIVEN** | **SIGNATURE OF DOCTOR/NURSE (VERIFYING INFORMATION)** |
| --- | --- | --- |
| **MMR (1)** |  |  |
| **MMR (2)** |  |  |

Healthcare students are advised to complete a full course of Hepatitis B vaccinations. Following this, a Hepatitis B Surface Antibody blood test is also advised. This immunisation/testing schedule is necessary for Dental Surgery and Dental Hygiene and Therapy students and should be undertaken prior to admission. Copy of blood test result to be provided when available.

|  | **DATE GIVEN** | **SIGNATURE OF DOCTOR/NURSE (VERIFYING INFORMATION)** |
| --- | --- | --- |
| **Hepatitis B (1)** |  |  |
| **Hepatitis B (2)** |  |  |
| **Hepatitis B (3)** |  |  |
| **Hepatitis B (4)** **(if required)** |  |  |
| **Hepatitis B 5 Year Booster** |  |  |

BCG Vaccination, if required, will be provided after admission.

|  | **DATE GIVEN** | **SIGNATURE OF DOCTOR/NURSE (VERIFYING INFORMATION)** |
| --- | --- | --- |
| **BCG Vaccine** |  |  |

| **BCG scar visible** | **YES/NO:** | **Signature:** | **Date:** |
| --- | --- | --- | --- |
| **History of Chicken Pox** | **YES/NO:** |  |  |

If no history of chicken pox then a Varicella blood test is required (attach copy of result).

**Guidance for Clinical Undergraduate Immunisation Requirements**

**Dental Surgery and Dental Hygiene and Therapy Students Only**

**additionally require:**

**Validated blood tests for HIV Screen, Hepatitis C Antibody Screen and Hepatitis B Surface Antigen. Copies of validated blood test results to be attached. Please read guidance form below as your blood test results will not be accepted if not validated.**

The Immunisation Record Form is for your health care professional to complete.

We follow the guidance for new healthcare workers from the Department of Health (students engaged on clinical placements are considered as healthcare workers):

[Visit the Department of Health website.](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/382152/health_clearance_tuberculosis_hepatitis_hiv.pdf)

It is important for applicants for Dental Surgery and Dental Hygiene and Therapy to commence your vaccination schedule as soon as you accept the offer of a place, as it can take over 6 months to complete.

Prospective students are financially responsible for all vaccinations and blood tests.

**MMR vaccines:**

Either documentation of two MMR vaccines or blood test results for Rubella and Measles indicating immunity are required.

If your Rubella or Measles blood test results do not show immunity, documentation of two MMR vaccines will be required. No further blood tests will be required once you have received the two doses of MMR vaccine.

**Hepatitis B vaccines:**

A Hepatitis B Surface Antigen blood test is required prior to administration of the vaccine to screen for infectivity.

We recommend you follow the standard vaccination schedule, 0, 1 and 6 months. A Hepatitis B Surface antibody blood test will then be required approx 8 weeks after completion of the course.

If you complete an accelerated schedule of vaccination, a fourth dose of vaccine will be required one year after starting the course. Only after this fourth dose is the course complete and at this time we would recommend the Hepatitis B Surface antibody blood test be done.

A Hepatitis B Surface antibody result of >100 miu/ml is evidence of satisfactory immunity.

**BCG vaccination:**

If a BCG scar is visible then a history of BCG vaccination is assumed. This is to be documented by your health care professional.

If you have no BCG scar and no documented evidence of BCG vaccine administration then you should be vaccinated.

A Mantoux skin test will be administered first to rule out prior exposure to Tuberculosis. If you have a negative result from the Mantoux skin test you will require BCG vaccination.

**Chicken Pox:**

Indicate if you have had chicken pox. If you have not had chicken pox then a Varicella blood test is to be completed. If the Varicella blood test indicates you are not immune to chicken pox it is recommended you receive the vaccine.

**Validated Blood tests:**

These tests must state they are an “identified validated sample”. This means that the person taking the blood must check your identity and affirm on the blood test result report that this result is an identified validated sample.