## Occupational Health ServiceQEHB Phone:  0121 371 7170Email: uobenquiries@uhb.nhs.uk

## 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.
* Midwifery, Dental Surgery and Dental Hygiene and Therapy students must be immunised against Hepatitis B and additionally require identified validated blood tests for HIV Screen, Hepatitis C Antibody Screen and Hepatitis B Surface Antigen. Please see the guidance information at the end of this document.

You may consult with your GP to complete the Immunisation History Record, but they are not obligated to do so. You can also request an immunisation printout from your GP which can also be used as evidence of your vaccinations so long as it clearly states your name, date of birth and the name of the GP Practice on each page. Below are examples of websites that can be used as a resource:-

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| --- | --- |
| SUPERDRUG: | [Link to Superdrug Health Clinic website](https://healthclinics.superdrug.com/travel-vaccinations/?infinity=ict2~net~gaw~ar~542558887582~kw~superdrug%20vaccinations~mt~e~cmp~Superdrug+Health+Clinics-UK-BG-Exa-Eng-DT-SE-Travel+Clinic~ag~Generic+Vaccination+-+Superdrug+Vaccinations&gclid=EAIaIQobChMI7Obdksfi_AIV4IBQBh10BA2LEAAYASAAEgJl3PD_BwE&gclsrc=aw.ds) |
| LLOYDS Pharmacy: | [Link to LLOYDS Pharmacy website](https://lloydspharmacy.com/pages/travel-vaccinations) |
| BUPA: | [Link to BUPA website](http://www.bupa.co.uk/facilitiesfinder) |
| MASTA Travel Clinic: | [Link to MASTA Travel Health website](http://www.masta-travel-health.com/) |
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**Please email copies of documentary evidence. DO NOT POST ORIGINALS as they will not be returned.**

**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** **uobenquiries@uhb.nhs.uk.** **THESE MUST BE RECEIVED NO LATER THAN XXX.**

#### IMMUNISATION HISTORY RECORD

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

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

**MMR**

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.

| Vaccination | Date Given | Signature of Doctor/Nurse(Verifying information) |
| --- | --- | --- |
| MMR (1) |  |  |
| MMR (2) |  |  |

#### Hepatitis B

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.

| Vaccination | Date Given | Signature of Doctor/Nurse(Verifying information) |
| --- | --- | --- |
| Hepatitis B (1) |  |  |
| Hepatitis B (2) |  |  |
| Hepatitis B (3) |  |  |
| Hepatitis B (4) (if required) |  |  |
| Hepatitis B Booster (if required) |  |  |

#### BCG

If required, this will be provided after admission

| Vaccination | Date Given | Signature of Doctor/Nurse(Verifying information) |
| --- | --- | --- |
| BCG Vaccine |  |  |
| BCG Scar visible |  |  |

#### History of Chicken Pox/Shingles: YES/NO

**Please identify which country you were in when you had this illness:**

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

|  |
| --- |
| Midwifery, Dental Surgery and Dental Hygiene and Therapy Students Onlyadditionally require:Identified Validated Sample blood tests for HIV Screen, Hepatitis C Antibody Screen and Hepatitis B Surface Antigen.Please read guidance form below as your blood test results will not be accepted if not validated correctly by an NHS Occupational Health Service. |

### Guidance for Clinical Undergraduate Immunisation Requirements

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) and the UKHSA Integrated guidance on health clearance and the management of healthcare workers living with bloodborne viruses:

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

[Link to UKHSA document](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1115603/Integrated-guidance-for-management-of-BBV-in-HCW-November-2022-update.pdf)

It is important for applicants for Midwifery, Dental Surgery and Dental Hygiene and Therapy students 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/shingles. If you have not had chicken pox or shingles, or you have had these illnesses in a non-temperate country 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.

### Identified Validated Sample Blood tests:

**These tests must be carried out by a UK NHS Occupational Health Service and state they are an “identified validated sample”. This means that the person taking the blood must confirm your identity using a form of photographic Identification (e.g., passport/driving license) and affirm on the blood test result report that this result is an “identified validated sample”. You can use your immunisation history from your NHS employer or if you are not able to produce this evidence the UHB Occupational Health Service will organise for this to be carried out prior to your first clinical placement once on the course.**