



**CONFIDENTIAL: VISTING ELECTIVE MEDICAL STUDENT HEALTH QUESTIONNAIRE  
PART 3 – HEALTH AND IMMUNISATION VERIFICATION**

Please read the form and all instructions carefully. Complete this form in BLACK pen and BLOCK CAPITALS. This form must be fully completed, legible and signed by a qualified physician before submission. All required supporting documentation should be in English, signed dated and stamped with an official clinic/laboratory stamp.

The completed form should be returned to: *UCL Occupational Health Service, Gower St, London, WC1E 6BT* or emailed to [uclstudentoh@ucl.ac.uk](mailto:uclstudentoh@ucl.ac.uk), or fax to: +44 (0) 20 7209 0256.

\*\*It is advisable to retain a photocopy of your questionnaire, and of any documents that you enclose\*\*

Forenames:	Elective Speciality:	DOB:
Surname:	Currently educational institute:	Placement dates:
Contact address :	Email:	
Home country:	Mobile / cell:	
	Other tel:	

**VACCINATION AND IMMUNISATION**

**EXPOSURE PRONE PROCEDURES:** In accordance with the Department of Health guidelines, we are required to repeat EPP tests performed abroad (HIV, hepatitis C and hepatitis B). An appointment will be made for you to have the blood tests at the UCL Occupational Health Service on your arrival. A charge will be made by the Medical School to cover this cost. These confirmatory EPP tests must be completed before a medical student is given approval to start clinical work as part of their placement. In the interim, a medical student will be able to start their placement but only as a clinical observer during which time a medical student may only observe clinical practice.

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**HEPATITIS B**

Students should be immune to Hepatitis B, either as a result of vaccination or following natural infection. Please enclose a copy of your blood test results showing proof of immunity, dated stamped and signed by a physician. *In the UK a protective response is considered as >100iu/l*

**Year of initial vaccination course:**

**Date of booster dose:**

**Hepatitis B antibody result:**

**TUBERCULOSIS**

**All students must provide documented evidence of TB screening from the last 12 months.**

Students who are from a country with a high incidence of TB (>40/100,000) should provide an interferon-gamma (IGRA) test result. If you are unable to access IGRA testing a Mantoux result should be supplied and an IGRA test will be conducted here at Medical School Occupational Health Centre on your arrival. A charge will be made by the Medical School to cover this cost.

**BCG Immunisation date:**

**Scar Present:**

**YES**

**NO**

**Date of last Mantoux:**

**Result (mm):**

**Chest Xray / IGRA result (if applicable):**

**MEASLES, MUMPS, RUBELLA**

All students should have **documentary evidence** of having had 2 MMR unless there is documentary serological evidence of immunity to measles and rubella.

**MMR vax 1<sup>st</sup>:**

**MMR vax 1<sup>st</sup>:**

**Measles IgG:**

**Rubella IgG:**

**VARICELLA**

A documented history of infection with chicken pox (varicella zoster virus) is adequate evidence of immunity only if the student has lived in temperate climates during their childhood. If raised in tropical climates despite a history of VZV serological evidence is required. This is in accordance with UK Department of Health guidelines.

**Vaccination 1<sup>st</sup> date:**

**Vaccination 2<sup>nd</sup> date:**

**VZV IgG:**

Diphtheria Tetanus and Polio, Influenza and Meningitis C are all recommended, but not essential.

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1. Do you have any disability <sup>1</sup> or other health condition may require additional help or support to perform the placement?		YES / NO
2. Have you lived continuously in the UK for the past 5 years?	YES / NO	If <b>NO</b> please complete: COUNTRY NAMES & DATES - - -
3. Have you ever lived with a family member who has TB?		YES / NO
4. Have you ever worked in area where there TB is present?		YES / NO
5. In the last three weeks have experienced a persistent cough, coughing up blood, profuse night sweats, unexplained fever or unexplained weight loss?		YES / NO

<sup>1</sup> **Equality Act 2010** You would be regarded as disabled if you have an impairment that has lasted or is likely to last for more than one year and is sufficient to impair normal day-to-day activities. Occupational Health Professionals are bound by the same rules on medical confidentiality as other health professionals. Detailed medical information will only be disclosed with the consent of the individual concerned.

Please take this completed, signed form to your General Practitioner and request that he/she completes the questions below. You are responsible for any fee your doctor may charge. Please then return this health questionnaire and the signed, stamped GP statement directly to us here at UCL OHS.

You will be contacted regarding arrangements for obligatory immunisations and tests by UCL OHS. A recommendation with regard to your fitness to train, and any additional support which you may need, will be based on the health questionnaire and the occupational health assessment. Medical details will only be given to my tutor so far as it is necessary for them to discharge their management responsibilities, in accordance with the Data Protection Act. All information is kept in confidence by the OH Service and will not be used for any other purpose other than that for which it is provided. If you require information on accessing your OH records please speak to any member of the UCL Occupational Health team.

*I declare that the information above is true to the best of my knowledge.*

Signed:	PRINT Name:	Date:

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**GENERAL PRACTITIONER PHYSICIAN STATEMENT:**

Your patient has applied to undertake an elective medical student placement. Please complete the following:

<b>STUDENT NAME:</b>	
<b>DATE OF BIRTH:</b>	
<b>ADDRESS:</b>	
Are you in possession of this patient's complete medical history?	<b>YES / NO</b>
Are you a relative of the applicant? <i>(If so it is unethical to proceed and this form must be passed to another doctor who does not have any close personal relationship with the student)</i>	<b>YES / NO</b>
According to these records and your knowledge of the applicant, do the answers given in the questionnaire appear correct?	<b>YES / NO</b>
Is the enclosed vaccination history accurate?	<b>YES / NO</b>
Are you aware of any additional medical information which may be relevant to this application? (please provide details below):	<b>YES / NO</b>
<u>Please note:</u> a medical examination is not required.	

**Thank you for your help.** *This form will only be accepted if it is signed by the responsible registered medical practitioner with a legible stamp. Any fee required for completion of this form is the responsibility of the applicant.*

<i>Practice / doctors stamp:</i>	<i>GP Name:</i>	<i>Signed:</i>

**FOR OCCUPATIONAL HEALTH USE ONLY:**

Name (OH advisor reviewing form):	Signed:	Date:

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