**College of Health Medicine and Life Sciences**

**Immunisation Record**

**Student Name:** Click or tap here to enter text.

**Student ID:** Click or tap here to enter text.

**Programme: Please select from the drop down**

**It is a requirement for students on Occupational Therapy, Physiotherapy and Physicians Associate programmes to have the below up-to-date immunisations before undertaking practice placements in a variety of health and social care services.**

**THE FOLLOWING IMMUNISATIONS ARE ALL MANDATORY. EACH immunisation and blood test date must be completed. Evidence of all immunisations and blood tests from your Medical Records/GP/Travel Clinic must be submitted via Wise Flow along with this Immunisation record.**

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| **VACCINE PREVENTABLE DISEASE** | **DATE OF VACCINATION** | **DATE OF BLOOD TEST** | **RESULT OF BLOOD TEST** |
| **Hepatitis B**  Evidence of completion of immunisation schedule AND evidence of blood test showing adequate antibodies  **Please note Vaccine 1 and 2 must be completed before the first placement.** | Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_    Dose 2: \_\_\_\_/\_\_\_\_/\_\_\_\_   1. Weeks after first Vaccination)   Dose 3: \_\_\_\_/\_\_\_\_/\_\_\_\_  (6 months after the 2nd Vaccination) | Blood Test to be completed 6-8 weeks after the 3rd vaccination.    \_\_\_\_/\_\_\_\_/\_\_\_\_  Result - Click or tap here to enter text. | Positive  (immune)    Negative  (non-responder) |
| **Measles, Mumps, Rubella**  Evidence of completion of immunisation schedule  **OR**  Evidence of blood test showing  adequate antibodies | Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_    Dose 2: \_\_\_\_/\_\_\_\_/\_\_\_\_  (4 weeks) | **\*Do not have blood test if Vaccination is confirmed**  Measles - \_\_\_\_/\_\_\_\_/\_\_\_\_  Result - Click or tap here to enter text.  Rubella - \_\_\_\_/\_\_\_\_/\_\_\_\_  Result - Click or tap here to enter text. | Positive (immune) |
| **VZV (Chickenpox)**  Evidence of childhood infection/ completion of immunisation schedule  **OR**  Evidence of blood test showing  adequate antibodies | Childhood infection:\_\_\_\_/\_\_\_\_/\_\_\_\_    Vaccine: \_\_\_\_/\_\_\_\_/\_\_\_\_ | **\*Do not have blood test If prior infection or vaccination is confirmed**    \_\_\_\_/\_\_\_\_/\_\_\_\_  Result -Click or tap here to enter text. | Positive (immune) |

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| **VACCINE PREVENTABLE DISEASE** | **VACCINE NAME** | **BOOSTER** | **VACCINATION CURRENT** |
| **Tetanus**  5 Vaccinations  **OR**  Booster in the last 10 years. | Primary course date  Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_  Dose 2: \_\_\_\_/\_\_\_\_/\_\_\_\_  Dose 3: \_\_\_\_/\_\_\_\_/\_\_\_\_  Dose 4: \_\_\_\_/\_\_\_\_/\_\_\_\_  Dose 5: \_\_\_\_/\_\_\_\_/\_\_\_\_ | Booster Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Next Booster Due \_\_\_\_/\_\_\_\_/\_\_\_\_ | Yes  No |
| **Polio**  5 vaccinations  **OR**  Booster in the last 10 years. | Primary course date  Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_  Dose 2: \_\_\_\_/\_\_\_\_/\_\_\_\_  Dose 3: \_\_\_\_/\_\_\_\_/\_\_\_\_  Dose 4: \_\_\_\_/\_\_\_\_/\_\_\_\_  Dose 5: \_\_\_\_/\_\_\_\_/\_\_\_\_ | Booster Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Next Booster Due \_\_\_\_/\_\_\_\_/\_\_\_\_ | Yes  No |

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| **VACCINE PREVENTABLE DISEASE** | **Mantoux Test** | **VACCINATION/SCAR** |  |
| **BCG**  Mantoux Test  **OR**  BCG Vaccination or confirmation from GP of a visible Scar. | **\*Do not have Mantoux test if Vaccination or Scar is confirmed\***  Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Negative reaction    Positive reaction | Date of Vaccination \_\_\_\_/\_\_\_\_/\_\_\_\_  Scar Visible  Yes | **If Mantoux test is Negative then you will need to have your BCG Vaccination.** |

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| **EPP Immunity** | **DATE OF BLOOD TEST** | **RESULT OF BLOOD TEST** | **Please Note** |
| Hepatitis B  Surface Antigen Blood Test (HBsAg) | \_\_\_\_/\_\_\_\_/\_\_\_\_ | Click or tap here to enter text. | This test **is in addition to the Hep B surface antibody test.** Both need to be completed. |
| Hepatitis C Antibody Test | \_\_\_\_/\_\_\_\_/\_\_\_\_ | Click or tap here to enter text. |  |
| HIV Antibody Test | \_\_\_\_/\_\_\_\_/\_\_\_\_ | Click or tap here to enter text. |  |

**Please ensure that evidence of all the above immunisations and blood tests are uploaded to Wise Flow with this immunisation record. Evidence must be saved by the appropriate title, e.g. HIV ANTIBODY TEST RESULTS. Any evidence that is not clearly titled will be removed and you will be asked to submit again.**

**Please print your name below to confirm that as of the date of submission** Click or tap to enter a date. **The above information is correct.**

**Print Name:** Click or tap here to enter text.