

Vaccination & Screening History

LONDON SOUTH BANK UNIVERSITY VACCINATION & SCREENING HISTORY	<p>Dear GP/Practice Nurse.</p> <p><i>Your patient has applied to undertake a healthcare course and will be having contact with patients. We therefore require them to be able to demonstrate immunity to the following below.</i></p> <p><i>We would be very grateful if you could complete the table below detailing their vaccination history/screening tests. Where they do not have immunity we would be grateful if you could commence their vaccination programme or/and undertake the appropriate screening tests. Please note your patient is responsible for any costs.</i></p>	
SURNAME		
FORENAME		
DOB		
COURSE		
Diphtheria, Tetanus and Polio (DTP)	Vax: Full Course	
	Last booster Date	
	Last booster Date	
Measles, Mumps and Rubella (MMR)	MMR: Dates of vaccinations	
	Measles Serology Result	
	Rubella Serology Result	
Chickenpox - VZV	Chicken-pox: History confirmed	
	VZV Blood Test : Date	
	VZV Immunity: Result	
	VZV 1 : Date given	
	VZV 2 : Date given	
Tuberculosis (TB)	BCG : Date/year given	
	BCG Scar Verified (Yes/No)	
	Skin Test: Date/Result	
Hepatitis B	Hep B 1 : Date Given	
	Hep B 2 : Date Given	
	Hep B 3 : Date Given	
	Hep B Immunity Blood Test : Date	
	Anti-HBs : Result	
	Hep B Booster : Date Given	

The student must keep this form and bring a copy to the Occupational Health Nurse to be included in their Occupational Health record on commencement of their course. Copies of all blood test must be provided.

GP/Practice Nurse Signature

Date

SURGERY STAMP