**Immunisation Record for Medical Students**

Please record dates of immunisations received **and attach** a printed list of vaccinations from your doctor’s surgery and/or photocopied vaccination records as proof. If proof is not available, please contact your doctor or practice nurse to assist and ask your doctor or practice nurse to sign/confirm the information. Completed forms and copies of relevant vaccinations/blood test results should be returned to Occupational Health.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | | First name(s) | |  | |
| College |  | | | Date of Birth |  | | |
| E-mail address | | |  | NHS number (if known) | | |  |
| Contact Number | |  | | Year of entry | | | **2024** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Vaccine** | **Date of 1st dose** | **Date of 2nd dose** | **Date of 3rd dose** | **Date of booster** | **Serology result & date** | **Guidance** |
| **Hepatitis B** |  |  |  |  |  | *See over for information on requirements* |
| **MMR** |  |  |  |  |  | Two doses of MMR vaccine (after the age of one) **or** serological evidence of measles **and** rubella immunity. |
| **BCG** |  | Scar visible?  Yes  Site \_\_\_\_\_  No | | Scar seen in OH:  Signature:  Date: | | *See over for information on requirements*  *IGRA (Interferon Gamma Release Assay) - QuantiFERON-TB Gold or the*  *T-SPOT test* |
| **Mantoux** |  | Result: Negative  Positive  Diameter:……..mm | | | |
| **IGRA test** |  | Result: Negative  Positive | | | |
| **History of Chickenpox** | **Yes ❒ No ❒** |  |  |  |  | Please indicate whether or not you have had Chickenpox (Varicella) disease. If unsure answer ‘No’.  *See over for additional information on requirements* |
| **Chickenpox**  **Vaccine** |  |  |  |  |
| **COVID-19**  **Vaccine** |  |  |  |  |  | *See over for information.* |

The vaccinations below are not required for entry to medical training, but it is highly recommended that these UK routine vaccinations be completed prior to you coming to the University of Cambridge.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Vaccine** | **Date of 1st dose** | **Date of 2nd dose** | **Date of 3rd dose** | **Date of 1st booster** | **Date of 2nd booster** |  |
| **Tetanus** |  |  |  |  |  | A primary course of three vaccinations and two boosters are recommended |
| **Polio** |  |  |  |  |  |
| Diphtheria |  |  |  |  |  |
| **Meningitis**  **ACWY** |  |  | For all new university entrants (Freshers), including international students, if they are a first year entrant and up to 25 years of age. | | | |

Practice Stamp

General Practitioner (GP) signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or

Practice nurse signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Immunisation information**

**Hepatitis B**

If locally available, all applicants should be vaccinated or start a course of hepatitis B vaccine using the 0, 1 and 6 or 0, 1 and 2 month vaccination schedule, unless already known to be immune through previous vaccination or infection. **Where the vaccine is not routinely available**, the course will be started or completed by Occupational Health (OH) on commencement of medical training in Cambridge.

Please give the dates of any vaccinations received; it is appreciated that the course may not be complete when returning this form. Due to there being many different immunisation regimes for hepatitis B vaccine, where possible, please note the product name used e.g., Engerix B, HBvaxPRO, Twinrix, Ambirix.

Response to the vaccine can/will be checked by an antibody test (anti-HBs) taken one to two months after the completion of the primary course. A boost of vaccination is recommended prior to blood testing if many years have elapsed since the initial course was completed. If a blood test is performed prior to coming to Cambridge, please record the date/result **and** attach a copy of the laboratory test result form.

**Measles and Rubella**

All applicants should have a documented history of two doses of MMR (combined measles, mumps and rubella) vaccine after the age of one year **or** serological evidence of measles and rubella immunity. Your doctor/GP surgery will be able to check for a history of two MMR and provide a booster dose of vaccine if required. Please attach a copy of the vaccine record and/or a copy of the laboratory blood test results.

**Tuberculosis (TB)**

Please provide/attach any documented proof of a BCG vaccination and/or evidence of a BCG scar. Ideally, documented proof should include the date the vaccine was given and the signature of the health professional who administered the vaccine (plus vaccine batch number if possible).

**Please note:** Obtaining a BCG vaccine prior to the commencement of medical training in the UK may not be possible as this is no longer a routine vaccine in many areas. Revised UK Guidelines for the provision of BCG vaccine to all healthcare workers is also currently under review and the continued need for vaccination will be confirmed to students once additional information is available.

If available, the date and results of any Mantoux or IGRA (Interferon Gamma Release Assay / Quantiferon TB) tests (particularly for applicants who were born, or have been living in countries with a high prevalence of TB) should be recorded and a copy of any laboratory blood test results attached. These tests are not a requirement for medical school, but assist with the TB screening process.

**Varicella Zoster Virus (VZV) – Chickenpox**

A definite history of infection with chickenpox is adequate evidence of immunity if the applicant lived in a temperate climate during their childhood and the illness.

Students who were living in tropical/sub-tropical climates when they had the illness, despite a history of chickenpox, will require a VZV blood test to ensure immunity. Any students who cannot confirm history of the disease or previously receiving two VZV vaccines, will also be required to have blood test to check immunity.

VZV vaccination will be offered/recommended for students on commencement of their medical training if the blood test shows no immunity.

**COVID-19 vaccine**

Please give the dates of any vaccinations received. Ideally applicants will have received vaccinations as part of COVID-19 vaccination programmes (at least two primary vaccine doses, or a suitable equivalent) to protect their own health and the health of individuals when providing care.

Further current information regarding the UK vaccine and vaccination schedule can be found at:

<https://www.nhs.uk/conditions/covid-19/covid-19-vaccination/getting-a-covid-19-vaccine/>

If you have any questions, please contact OH at: [OccHealth@admin.cam.ac.uk](mailto:OccHealth@admin.cam.ac.uk)

All students will receive an appointment with OH during the first term of starting the course. When attending, please bring the dates and documentation of any additional vaccinations or blood test results received.

In accordance with national guidance, additional screening tests for bloodborne viruses will be undertaken by OH at this appointment.