Health form for Erasmus Students

To be completed by the Student:

Name: ______________________________________________________________

[Please circle] Male    Female    Date of Birth: __________________________

Gender

Current Name and Address of Academic Institution:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Course undertaken:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Date of Proposed Placement:
From: ___________________________ To: ___________________________

Area of Placement:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

University of Salford Link Tutor: ________________________________

I declare that the above information is true and complete to the best of my knowledge and belief. I understand that acceptance onto clinical placement at Salford University is subject to satisfactory of the above health assessment. All information requires translation into English and must be submitted at least Six [6] weeks prior to commencing clinical placement.

Signature of Student:

Date:

University of Salford
The University of Salford
Room L730
Allerton Building
Fredrick Rd Campus
Salford, Greater Manchester
M6 6PU, United Kingdom
T +44(0)161 295 6273

http://www.fhsc.salford.ac.uk/occupationalhealth/
IMMUNISATION HISTORY

It is important that all incoming students are properly protected from infectious diseases during their clinical placement.

Students should ask their family Doctor and/or Occupational Health (OH) Department to complete the following details about their health in English. The statement must be signed and stamped by your General Practitioner / OH Dept prior to placement in the United Kingdom.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Dates</th>
<th>Evidence Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
<td>Evidence of three Immunisations given and Copy of Microbiology report confirming Antibody result</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td></td>
<td>Confirmed dates of two Immunisations or Copy of Microbiology report confirming Antibody results</td>
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<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Tuberculosis</td>
<td></td>
<td>YES / NO Result</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td>History of disease or Copy of Microbiology report confirming Antibody results</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRSA</td>
<td></td>
<td>Result of Nasal swab and Copy of Microbiology report</td>
</tr>
</tbody>
</table>

If you are a non-responder to Hepatitis B, please enclose copies of Lab Reports for all further tests.

Those who believe they may have been exposed to infection with HIV in whatever circumstances SHOULDN'T declare this, in total confidence to the Occupational Health Department.

**MRSA test must be carried out within a period of six [6] week prior to commencing clinical placement in the United Kingdom. Results of nasal swabs before this time will not be accepted.**

Please note, incomplete information will require further enquiries and will delay your application.
All healthcare workers are under an overriding ethical as well as legal duty to protect the health and safety of their patients.

If you answer yes to any of the following please give brief details including dates

<table>
<thead>
<tr>
<th>Has the applicant <strong>ever had or suffering from</strong></th>
<th>If <strong>Yes</strong>, please tick below</th>
<th>If <strong>No</strong>, please tick below</th>
<th>If you have ticked ‘<strong>Yes</strong>’, please give <strong>details and dates</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Any significant physical or Mental illness?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Any episodes of depression, anxiety, stress related illness?</td>
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<tr>
<td>Any prolonged periods of illness?</td>
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<tr>
<td>Do you have any allergies?</td>
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<td></td>
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<tr>
<td>Are you at present on any medication?</td>
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<td></td>
<td></td>
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<tr>
<td>Do you have a disability or have any special needs we need to be made aware of?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Height | Weight |
Declaration

I declare that the above information is true and complete to the best of my knowledge and belief. I understand that acceptance onto clinical placement at Salford University is subject to satisfactory of the above health assessment. All information requires translation into English and must be submitted at least Six [6] weeks prior to commencing clinical placement.

Doctor:

I certify that the above information is true and correct and the above student is physically and mentally fit to carry out clinical duties.

Signed: ________________________________

Name [Capitals]: _______________________

Position: ______________________________

Data Protection Statement

University of Salford takes its responsibility for looking after information very seriously. The University is responsible for assessing your health and fitness to practice, prior to commencing your chosen course and during clinical placements and in order to make that assessment requires you to provide that information. We follow the Data Protection Act (1988) at all times when asking for or handling your information.

Send To:

Student Occupational Health
Room L730
Allerton Building
The University of Salford
Salford
Greater Manchester
United Kingdom
M6 6PU

Email address – HSW-medicalrequest@salford.ac.uk [Titled with your name and that you are an ERASMUS STUDENT]
Erasmus Students Health Clearance coming to Practice at Salford University
(Notes for Completion of form)

Your Family Doctor should complete the Health Declaration Form and Immunisation History. The information must be signed and validated with a stamp by the Health Professional who is providing the information. All information provided is required to be translated into English failure to comply may result in a delay to your health clearance to practice whilst a translation is obtained.

To generate an appointment the documentation you have received should be sent to Student Occupational Health 6 weeks prior to your arrival in the UK.

We will require original documentation by post or in person when you attend your medical assessment appointment.

All students are required to provide an immunisation history:

- A visible TB Scar, documented evidence of a BCG vaccination or a blood test result stating that you don’t have latent TB.
- Evidence of positive serology for Hepatitis B.
- Evidence of MMR (Measles, Mumps & Rubella) x 2 vaccination or positive serology of Measles, Mumps and Rubella
- Evidence of VZV (Chicken Pox) immunisation, history of disease or positive serology
- Evidence of a negative MRSA screen within six weeks of commencing placements.

Midwives ONLY:

- Prior to attending UK placement results of a blood test for HIV
- Prior to attending UK placement results of a blood test for Hepatitis C