



MRSA Screen

**Please enclose a copy of Nasal, Axilla and Groin Swab results.**

**Students who have active infection with Hepatitis B, will not be able to carry out exposure prone procedures.**

**\*RUBELLA:**                      Students must be immune to rubella

Date and results of last blood test .....

**\*Please enclose a copy of blood test showing proof of immunity. Students unable to demonstrate immunity to Rubella may be restricted from high-risk placements including obstetrics and gynaecology, neonates, paediatrics and oncology.**

**VARICELLA (Chickenpox):** Students must know their immune status

History of disease (Please circle) Yes/No Immunity by vaccine Please circle) Yes/No

**RECENT TETANUS (Within last 10 years)**

Date of DP/DPT: .....

**Have you ever had any of the following diseases? Yes/No**

**Hepatitis C:** .....                      **HIV/AIDS:** .....

**Tuberculosis:** .....

The above student has had the required vaccinations, or is naturally immune and is not currently suffering from an infectious disease.

Signature of Physician ..... Date: .....

Name and Address of Physician .....

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**FOR FACULTY USE ONLY:**

Date form screened .....

Has this candidate met the immunization requirements of the Faculty    Yes/No

Other delay reasons .....

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