

Form - MVLS Incoming Electives

Health Declaration for MVLS Visiting Elective Students

Applicants shall not be permitted to undertake an elective unless the following requirements are met. All students wishing to undertake electives at University of Glasgow affiliated NHS teaching hospitals must provide evidence of general health status with evidence of satisfactory immunity to the following infectious diseases:

- Hepatitis B Surface Antigens (core antigens are required if the result of surface antigen is outside normal limits)
- Hepatitis B serology (post immunisation)
- Hepatitis C antibodies
- HIV antibodies
- Pulmonary Tuberculosis (TB)
- Measles
- Mumps
- Rubella
- Varicella (chickenpox)

Please have page 3 completed by your primary care physician/personal physician or University Medical Centre. **UK based students only:** Students who are applying from a University in the UK, can submit all evidence, without the need to have documentation signed by a physician e.g. GP.

Once completed, kindly return the questionnaire, immunisation, and serology evidence directly to University of Glasgow Occupational Health via email: ohu@admin.gla.ac.uk with the header stating: MVLS Visiting Elective

Only blood results taken in the six months prior to submission of the elective application shall be accepted.

Please note, official lab reports and immunisation documentation must accompany this form, we do not accept handwritten proof. Any fees required for completion of the form is the responsibility of the applicant. All sections of the form must be completed in full. Incomplete documentation shall not be accepted, notification shall be provided to advise if the documentation is incomplete.

In certain circumstances, you may be required to undertake further assessment including blood tests conducted by University of Glasgow Occupational Health Team.

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Form – MVLS Incoming Electives

Part 1(To be completed by Student)

Surname (Family Name):	Given Na	nme:
Date of high (DD /NANA/WWW).	Carratura	of vocidous co.
Date of birth (DD/MM/YYYY):	Country	of residence:
Home Address:		
Contact Number:	Email Add	dress:
Clinical and for all attended and life in a con-		
Clinical area for elective placement (if known):		
Personal Medical History:		
Have you suffered from or undergone any of the follow	ving?	
Question	<u> </u>	Answer
Do you suffer from any underlying medical conditions,	or have ur	
any surgical procedures?		
If yes, provide details:		•
6 1:		
Psychiatric disorders (including anxiety, depression)		
Are you taking any medication? If yes, provide detail:		
Are you taking any medication: If yes, provide detail.		
Do you think you have any disabilities, conditions, illne	esses, or	
impairments; you think may require adjustments or as		support
your elective placement		
If yes, provide detail:		
Have you worked or lived in a high prevalence TB area? In the last 4 weeks, have you experienced a persistent cough, coughing up		
blood, profuse night sweats, unexplained fever, or une	0 /	0 0 1
loss?		
Where have you lived continuously for the past 3 year	s? If more t	than 1 country provide details and dates:
		, ,
I hereby certify that the answers given by me to the abo		
that the University of Glasgow or affiliated teaching hos		
costs of any future medical impairment, illness, treatment, or investigation that may arise, should there be false or incomplete declarations made on the above. If applicable, I consent to the release of my results or		
•		•
clinical information being shared with the Clinical Lead of the Incoming electives programme. I consent to my certificate of fitness being shared with University of Glasgow, School of Medicine visiting electives team.		
3 3	J: , 22	3
Signature of student: Date of signature:		

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Part 2 Medical Confirmation

Kindly request your physician to complete this medical report. Official laboratory reports and immunisation documentation must accompany this completed form.

Student Name:	Date of Birth:	
Are you a relative of the applicant? If so, it is unethical to proceed, and this form should be passed to another clinician who does not have any close personal relationship with the student.		
Please note: A medical examination is not required.		

All incoming elective students require to have evidence of vaccination or serological testing to confirm sufficient immunity to specific diseases.

Measles, Mumps, Rubella, Varicella - You are considered to have sufficient level of antibody if you satisfy one of the following:

- a. Primary course of 2 vaccines or antibody test positive. If the antibody test is negative, immunisation is required.
- b. If you are unable to meet the requirements or the blood test cannot be conducted, minimum 1 dose of vaccine for each disease required and documented on submission of documents.

	Vaccination date (DD/MM/YYYY)		Antibody Test	
	Dose 1	Dose 2	Test date (DD/MM/YYYY)	Results
Measles				
Mumps				
Rubella				
Varicella				

All incoming elective students require to have blood test results for blood borne viruses, note a positive result may not exclude you from attending your elective placement, but may determine areas of practice for your placement. Blood test results should be within six (6) months of submission of documents)

Test	Blood test date (DD/MM/YYYY)	Results
HIV		
Hepatitis C		
Hepatitis B Surface Antigen		
Hepatitis B serology		

Pulmonary TB - All students must provide documented evidence of TB screening. Students arriving from a country with a high incidence of TB shall require an IGRA blood test, conducted by the University of Glasgow OH Department.

Have received BCG vaccine?		Date of vaccine:
IGRA blood Test	Date of test	Result:

Outcome of fitness		
Additional information:		
Clinician Signature:	Clinician Name:	Date of signature:
Stamp:		