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**Occupational Health Department**

**Vaccination Record**

As a requirement of your course we need to ascertain what vaccines you may require.

Please send your most up to date vaccination history record to the occupational health department, this can be obtained from your GP / previous occupational health department. It can either be printed out by your GP or the form on page 2 can be completed by them and stamped – whichever your GP/occupational health department would prefer.

If you have not already had 2 doses of the full MMR vaccine or you have never had 3 Hepatitis B vaccinations we would suggested that you check whether your doctor’s surgery is prepared to administer them before you commence at university. If you are not able to do this you will be given Occupational Health appointments for all of the relevant vaccinations and any associated blood tests once you are at university. Please note that at the request of the academic staff Occupational Health appointments for vaccinations/blood test are likely to be on days when lectures are not scheduled. You will be expected to attend all scheduled appointments with Occupational Health.

If you have any of these vaccinations after submitting this information please obtain updated printouts and either post them to us or bring them along with you when you start at university ensuring your name and DOB is on all pages.

Please send all information obtain to:

Occupational Health Department

University of Huddersfield

Queensgate

Huddersfield

HD1 3DH

Or alternatively by email to [occupational.health@hud.ac.uk](mailto:occupational.health@hud.ac.uk)

If you have any queries please do not hesitate to contact us on 01484 471800.

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**Occupational Health Department**

**Vaccination Record**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date of Birth** |  |

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| --- | --- | --- | --- |
| Go to your GP and ask them to either complete the table below or provide you with a print out of all the vaccinations and blood tests they have done. | | | |
|  | Delete as appropriate | Date/Dates | Result |
| MMR vaccination 1 | YES/NO |  |  |
| MMR vaccination 2 | YES/NO |  |  |
| Mantoux / Heaf Test | YES/NO |  |  |
| BCG vaccination | YES/NO |  |  |
| Chest X-Ray in last 12 months | YES/NO |  |  |
| Hepatitis B vaccinations | YES/NO |  |  |
| Hepatitis B vaccinations | YES/NO |  |  |
| Hepatitis B vaccinations | YES/NO |  |  |
| Hepatitis B Surface Antibody Test | YES/NO |  |  |
| Rubella Blood Test | YES/NO |  |  |
| Measles Blood Test | YES/NO |  |  |
| Varicella Zoster Blood Test | YES/NO |  |  |
| DTaP vaccination | YES/NO |  |  |
|  |  |  |  |
| GP surgery stamp - This is a requirement in order to verify any information provided in the section above. – Please note we can accept GP printouts without a stamp. | | | |