



THE UNIVERSITY OF THE WEST INDIES

FACULTY OF MEDICAL SCIENCES

(Formerly The School of Clinical Medicine and Research)

CAVE HILL CAMPUS, and QUEEN ELIZABETH HOSPITAL
BRIDGETOWN, BARBADOS

IMMUNIZATION RECORD FOR ELECTIVE PLACEMENT

Candidates must be covered for the vaccinations below. If the vaccinations are incomplete this may delay the start of your elective placement at the School of Clinical Medicine & Research, University of the West Indies.

This form must be completed legibly and signed by a physician, and returned to School of Clinical Medicine & Research, University of the West Indies, Queen Elizabeth Hospital, Martindale's Road, St. Michael, Barbados, West Indies with your elective application form.

Student's Family Name: _____ First Name (s) _____

Date of Birth dd/mm/yy): _____

Department/ward area (to be completed by Electives Office): _____

***HEPATITIS B:** Students should be immune to Hepatitis B, either as a result of vaccination or following natural infection.

Dates of immunizations:

Vaccine no.1 Date:

Vaccine no.2 Date:

Vaccine no.3 Date:

Blood Test Results

HBsAG result:

Date:

HbsAG:

Detected/Not Detected

Date:

Hepatitis B Core Antibodies

Detected/Not Detected

Date

***Please enclose a copy of the blood test showing proof of immunity.**



THE UNIVERSITY OF THE WEST INDIES

FACULTY OF MEDICAL SCIENCES

(Formerly The School of Clinical Medicine and Research)

CAVE HILL CAMPUS, and QUEEN ELIZABETH HOSPITAL
BRIDGETOWN, BARBADOS

MRSA Screen [must be done 4 weeks before your elective commences]

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

.....

.....



THE UNIVERSITY OF THE WEST INDIES

FACULTY OF MEDICAL SCIENCES

(Formerly The School of Clinical Medicine and Research)

CAVE HILL CAMPUS, and QUEEN ELIZABETH HOSPITAL
BRIDGETOWN, BARBADOS

FOR FACULTY USE ONLY:

Date form screened

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

Other delay reasons

.....

.....