

Dear BSc Radiography Offer Holder,

Please arrange for the Immunisation report to be completed by your registered GP Practice for your Occupational Health Check. The practice may charge for this service and you will be liable for any costs incurred.

Once you have obtained the immunisation report from your GP Practice please upload it to the Dorset Healthcare Portal with your Occupational Health Pre-Clearance form.

Please note that you must obtain this information by **31<sup>st</sup> July 2023**.

If you have been unable to obtain evidence from your GP Practice please contact [admissions@aecc.ac.uk](mailto:admissions@aecc.ac.uk)

### **Important Information.**

\*Measles, Mumps and Rubella (MMR) – If you are unable to provide documentary evidence of 2 MMR vaccinations then you will be asked to attend an appointment to have a blood sample taken to test for MMR antibodies. Please can you provide evidence when possible as this will ensure you are cleared for NHS clinical placement.

\*Varicella (Chickenpox) - please let your GP Practice know if you have had Varicella in the past as verbal history of the disease is sufficient. If you had Varicella but were born or raised in a sub-tropical country you will be asked to attend to have a blood sample taken to confirm immunity, please ask you GP practice for this blood test.

If the form is not completed and uploaded to the Portal you may be required to progress to a formal appointment with Dorset Healthcare in September. This is to have a blood test to assess your immunity which may then result in subsequent immunisations. Please be aware that you will be required to pay for any immunisations required. AECC University College will not cover these costs.

Kind Regards



### **Admissions**

Parkwood Campus, Parkwood Road  
Bournemouth, Dorset, BH5 2DF United Kingdom,  
01202 436315  
[admissions@aecc.ac.uk](mailto:admissions@aecc.ac.uk)  
[www.aecc.ac.uk](http://www.aecc.ac.uk)



Practice Stamp

Patient Full Name:  
 Date of Birth :

**PLEASE RETURN THIS FORM TO THE PATIENT**

Course:

Start Date:

**VACCINATIONS/IMMUNISATIONS**

Please complete the table below and attach evidence of vaccination records and serology reports for the vaccinations detailed below.

Immunisation	Dates	Antibody result (if known/ applicable) Comments
BCG (TB vaccination) (date of vaccination if given)		
MMR 1 (documented evidence of vaccination date)		
MMR 2 (documented evidence of vaccination date)		
Varicella (chickenpox) Immunity or positive history of chickenpox		
If you have had chickenpox were you born or raised in a sub tropical country?	<b>YES / NO</b>	
Meningitis		
Pertussis (whooping cough)		Ideally applicants would have evidence of these immunisations <b>however, we are not currently screening for these.</b>
Tetanus		
Diphtheria		
Polio		
Hepatitis B injection 1		
Hepatitis B injection 2		
Hepatitis B injection 3		
Hepatitis B Antibody Test		
Hepatitis B injection 5 year booster		