

# Form Nursing 02: statement of medical history for assessment of Nursing students

This form should be completed and emailed direct to **workingwell@nhs.net** Please note in the subject header of the email your course details, for example: 'Nursing (Adult): ADNURSEUOG (year of start)' or 'Nursing (Mental Health): MHNURSEUOG (year of start)'.

**(Please do not send the medical form to Admissions Office or upload to your Student Portal).**

- **SECTION A, C, D to be completed by prospective Nursing student**
- **SECTION B to be completed by our University Medical Adviser**

## IN CONFIDENCE

### Section A: this section must be completed in full by candidate

UCAS personal ID: .....		
Date of birth (DD/MM/YYYY): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Title (tick one box only): <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Rev Other (please state): .....		
Surname: .....		Other names (in full): .....
Private address: .....		
Postcode: .....		
Tel no (home): .....	Tel no (work): .....	Tel no (mobile): .....
Present occupation: .....		
Course (BSc Nursing/subject specialism eg Adult Nursing/Mental Health Nursing): .....		

### Section B: for Medical Advisers (University of Gloucestershire) use only

<input type="checkbox"/> Applicant fit for course	<input type="checkbox"/> Applicant not fit for course
Signature: .....	Date: .....
The University of Gloucestershire seeks to offer a place irrespective of physical or mental disabilities wherever possible, as long as they do not compromise your health, your education, your safety, or the health, safety, and welfare of patients/service users, their carers and family.	
The answers to questions will not be used against you in any course decisions that will be made, either now, or in the future. A decision not to accept you on health grounds will only be taken after very careful consideration of all the facts and will be based upon individual circumstances and the demands of your nursing career.	
Candidates who are refused acceptance on to the course on health grounds have a right to a second opinion from a suitably qualified independent medical examiner.	
The information contained on this form will be kept strictly confidential within the Underwood Surgery and will not be used or disclosed to any other persons without the consent of the person to whom the information relates.	
<b>Candidates should be aware that if their initial medical questionnaire is not returned by the beginning of August*, it may not be possible to complete a medical assessment before the beginning of the university year, and they may have to reapply for the course in the following year, (*with exception of students starting in January).</b>	
Candidates seeking to appeal against a decision by the Medical Officer not to allow them to start the course must commence the appeal before the beginning of September or it may not be possible to seek a second opinion before the beginning of the university year.	

### Section C: this section must be completed in full by candidate

**If you need more space, please attach and sign an additional sheet.**

Do you have a physical or mental health condition, which substantially affects your ability to carry out normal day-to-day work activities?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, provide details: .....
.....	
Are you receiving any medical treatment or have you received any within the last 12 months?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, provide details: .....
.....	

## Section C: continued...

Do you have any problems with walking, sitting, standing or climbing stairs?

No  Yes If yes, provide details: .....

Are you awaiting any operations, treatment or investigations?

No  Yes If yes, provide details: .....

Have you had joint or back problems for which you have sought medical help?

No  Yes If yes, provide details: .....

Have you received any pension or compensation for work related illness?

No  Yes If yes, provide details: .....

Do you have any problems with bending, kneeling, and lifting, carrying or other manual tasks?

No  Yes If yes, provide details: .....

Do you have any problems with speech, vision, dyslexia, hearing or communication?

No  Yes If yes, provide details: .....

Do you have any bladder or bowel problems, which may require you to have immediate access to toilet facilities?

No  Yes If yes, provide details: .....

Have you been away from work or absent from studies/school because of illness in the last two years?

No  Yes If yes, provide details including why and how long: .....

Have you ever had to change jobs because of a health problem?

No  Yes If yes, provide details: .....

Do you have any health problems, which affects your work or leisure pursuits?

No  Yes If yes, provide details: .....

Do you need or would it assist you to have any special provision made to enable you to fulfil your training and subsequent employment as a nurse?

No  Yes If yes, provide details: .....

Have you had mental ill health, nervous breakdown, anxiety, depression, or psychiatric problems for which you have sought medical help?

No  Yes If yes, provide details: .....

Have you had fits, fainting attacks, blackouts or epilepsy?

No  Yes If yes, provide details: .....

## Declaration

- I certify the above information to the best of my knowledge to be true and complete.
- I understand that failure to disclose medical information now may lead to disciplinary action or dismissal in the future if I am accepted.
- I consent to the Medical Officer informing the university in the event of non-disclosure.
- I understand that I am responsible for the expenses of any medical examination or report, which may be required.

Name: ..... Signature: ..... Date: .....

# Form Nursing 03: immunisations and vaccinations

A transcript of all immunisations and vaccinations can be requested from your GP practice. Please note there may be a charge for this information, which should be covered by the applicant.

Please complete this form and email to [workingwell@nhs.net](mailto:workingwell@nhs.net)

Requirements	Vaccine/test received (Y/N)	Date of vaccine	Evidence seen (Y/N – office use)	Immunity status/ immunisation details	Action
Tuberculosis (TB) BCG Vaccine Mantoux Test				Documentary evidence of BCG vaccination <ul style="list-style-type: none"> <li>History of BCG vaccination (scar evident)</li> <li>Documentary evidence of Heaf/Mantoux test</li> <li>Chest X ray result if relevant</li> </ul>	Check BCG scar <ul style="list-style-type: none"> <li>If no scar and no evidence of vaccination then Mantoux skin test may be carried out.</li> <li>Negative result to Mantoux test indicates BCG vaccination will be required (NB 2017 may not be possible due to supply problems).</li> </ul>
Measles and Rubella Dose 1 Dose 2				Documentary evidence of two doses of MMR (measles, mumps, rubella) vaccine <ul style="list-style-type: none"> <li>Measles IgG blood test</li> <li>Rubella Antibody blood test</li> </ul>	If non-immune then two doses of MMR vaccine will be given. These should be obtained if possible from GP before starting course.
Hepatitis B Dose 1 Dose 2 Dose 3 Response test Booster				Vaccination History (Vaccination not mandatory before enrolment) <ul style="list-style-type: none"> <li>Documentation of vaccination history</li> <li>Hep B sAb blood test following primary x3 vaccination course.</li> </ul>	Primary course of three doses of Hep B vaccine at zero, one and two months will be given. <ul style="list-style-type: none"> <li>Primary course will be completed if started elsewhere.</li> <li>Blood tests to check good response to primary course at four months.</li> <li>Booster dose will be given at 12 months.</li> </ul>
Chickenpox (varicella zoster virus) Test Date				<ul style="list-style-type: none"> <li>Positive history of disease</li> <li>VZV IgG blood test</li> </ul>	If non-immune or uncertain history, two doses of VZV vaccine will be given.
Routine childhood immunisations (UK schedule) Dose 1 Dose 2 Dose 3 Dose booster Dose booster				<ul style="list-style-type: none"> <li>Diphtheria, pertussis, tetanus and polio</li> </ul>	Check that immunisations are up to date. These should be obtained from GP before starting course. These are not available through Occupational Health
Meningitis ACWY Dose 1				MenACWY	All students under the age of 25 are eligible for a free MenACWY vaccination. This should be obtained from GP before starting course. This is not available through Occupational Health.