

PART ONE

**UNIVERSITY OF MALTA
Institute of Health Care**

Health Form for SOCRATES / ERASMUS students conducting a placement at the Institute of Healthcare in the areas of: (Communication Therapy, Dental Technology, Environmental Health, Medical Laboratory Science, Nursing/Midwifery, Occupational Therapy, Physiotherapy, Podiatry and Radiography)

Name: _____

Current Academic Institution: _____

Date of Birth: _____

Dates of Proposed Attachment: _____

Area of Study: _____

It is important that you are properly protected from infectious disease during your attachment. The questionnaire below will help assess your fitness to attend the course of study.

PLEASE NOTE: It is **your** responsibility to take, and follow specialist advice if you are or you believe you may be infected with any blood borne virus including Human Immunodeficiency Virus (HIV).

HEALTH QUESTIONNAIRE

Please ask your Doctor or Occupational Physician, to complete the following details about your health. Your doctor must sign the statement at the back of the page.

HEPATITIS B Evidence of Immunity to Hepatitis B or absence of markers of infectivity.	Please include originals, or copies of results of: Hepatitis B Antibody Level OR Hepatitis B Surface Antigen tests (if POSITIVE, include Hepatitis B 'e' antigen test)	Date
TUBERCULOSIS Free from active infection	Please attach certificate/evidence of being free from this infection within the last 12 months.	Date
RUBELLA (for females only) Evidence of Immunity	Please include original or copy of Rubella Antibody Test	Date
VARICELLA Evidence of Immunity	Please attach relevant certification showing one of the following: <ul style="list-style-type: none">• Definite recollection of past infection, <i>or</i>• Documented vaccination with two doses <i>or</i>• Result of Antibody titre to varicella	Date
MRSA Absence of colonisation	<i>Please refer to separate note below</i>	Date
Any serious medical conditions		

MEDICAL HISTORY

Please tick relevant response

Have you, at any time, suffered from:

	NO	YES	REMARKS
1. Depression, anxiety, nervous illness/breakdown			
2. Faints, fits or disease of balance or nervous system			
3. Allergies or sensitivities or reactions to immunisation			
4. Back problems			

DECLARATION

Student:

I declare that the above answers are true and complete to the best of my knowledge and belief. I understand that acceptance into an IHC Course is subject to successful completion of a medical test.

Signature of Student: _____

Date: _____

Doctor:

I certify that the information included about the above student is correct.

Signed: _____

Name (Capitals): _____

Position: _____

Practice Stamp

PLEASE NOTE: Insufficient information will require further enquiries and will delay the application.

SEND TO: Dr Paul Bezzina
Division of Radiography Studies
Institute of Health Care
University of Malta
Block A1 – Mater Dei Hospital
B’Kara Bypass
Msida, MSD 2090
MALTA

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MRSA

		Date
MRSA Result of nasal swab	Please include original or copy of microbiology result	

The MRSA test should be undertaken **within a 30 day** period before the commencement of the exchange.

Result of nasal swabs performed before this time will not be accepted.

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The result should reach the co-ordinator **not later than 2 weeks before** the commencement of the placement.

HEALTH FORM PROCEDURES for SOCRATES / ERASMUS students conducting placements at the Institute of Health Care in the areas of:

- Communication Therapy
 - Dental Technology
 - Environmental Health
 - Medical Laboratory Science
 - Nursing / Midwifery
 - Occupational Therapy
 - Physiotherapy
 - Podiatry, *and*
 - Radiography.
- a) Students are to send their Health Form to the respective academic co-ordinator at the Institute of Health Care, sealed in an envelope. This envelope is to be marked '**Health Form**'.
- b) Attached to the envelope there must be a copy of the student's application form.
- c) All documents (the Health Form + a copy of the student's application form) must be sent to the respective academic co-ordinator at the Institute of Health Care (IHC) – for a list of academic co-ordinators see below.
- d) If these forms (i.e. Health Form and a copy of the application form) are not received at the Institute of Health Care (IHC) at least **3 months** prior to the student's arrival, the application may be refused.
- e) Students are to inform the European Unit (*Attention:* Angele Patiniott, email: angele.patiniott@um.edu.mt) as soon as the documents have been sent to the respective academic co-ordinator.

Academic Co-ordinators:

Communication Therapy:	Dr Helen Grech	helen.grech@um.edu.mt
Dental Technology:	Mr Mario Zarb	rachelle.vella@um.edu.mt
Environmental Health:	Dr Anna McElhatton	anna.mcelhatton@um.edu.mt
Medical Laboratory Science:	Prof Angela Xuereb	angela.a.xuereb@um.edu.mt
Nursing / Midwifery:	Ms Michelle Camilleri	michelle.camilleri@um.edu.mt
Occupational Therapy:	Mr René Mifsud	rene.mifsud@um.edu.mt
Physiotherapy:	Mr Mark Sacco	mark.sacco@um.edu.mt
Podiatry:	Ms Cynthia Formosa	cynthia.formosa@um.edu.mt
Radiography:	Dr Paul Bezzina	paul.bezzina@um.edu.mt

***N.B:* Kindly send your forms to the attention of your respective academic co-ordinator (above mentioned)**