

DIAGNOSTIC IMAGING
UCD SCHOOL OF MEDICINE & MEDICAL SCIENCE

Health Form for ERASMUS radiography students undertaking clinical placements in Ireland.

Name: _____
Date of Birth: _____
Current Institution: _____

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

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.

<p>HEPATITIS B</p> <p>Evidence of immunity to Hepatitis B or absence of markers of infectivity</p>	<p>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).</p>	<p>Date</p>
<p>TUBERCULOSIS</p>	<p>Please attach certificate/evidence of being free from this infection within the last 12 months.</p>	<p>Date</p>
<p>RUBELLA (females only)</p>	<p>Please include original or copy of Rubella antibody Test.</p>	<p>Date</p>
<p>TETANUS</p>	<p>Please include original or copy of Tetanus vaccination within the last 10 years.</p>	<p>Date</p>
<p>MRSA</p> <p>Result of nasal swab</p>	<p>Please refer to separate note below.</p>	<p>Please refer to separate note below.</p>

MEDICAL HISTORY

Please tick relevant response

Have you, at any time, suffered from:

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

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 the ERASMUS radiography programme at UCD is subject to completion of this form.

Signature of Student: _____

Date: _____

Doctor:

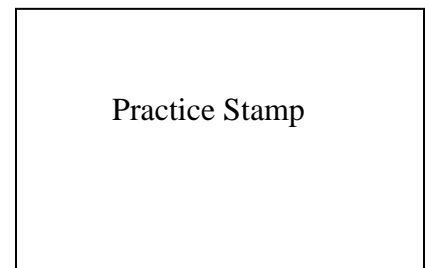
I certify that the information included about the above student is correct.

Signed: _____

Name (block capitals): _____

Position: _____

Date: _____



PLEASE NOTE: *Insufficient information will require further enquiries and will delay the application.*
RETURN TO: *Jonathan McNulty, ERASMUS Programme Co-ordinator, Health Sciences Building, UCD Belfield, Dublin 4, Ireland.*