

VACCINATION DETAILS

(Please supply details support by documentary evidence, in English showing name and date of birth for the following vaccinations)

| Vaccinations | Yes | No | Dates most recent booster |
|--------------|-----|----|---------------------------|
| TB (BCG) | | | |
| Rubella | | | |
| Polio | | | |
| Tetanus | | | |
| Varicella | | | |

| Hepatitis B Information* | Date |
|--------------------------|------|
| Most recent booster | |
| Response | |

| Hepatitis B Information* ONLY for applicants who will perform Exposure Prone Procedures | Date | Result (Test results must follow the evidence to Requirements detailed above) |
|---|------|---|
| Hepatitis C antibody test | | |
| Hepatitis C RNA test | | |

*If you wish to work in exposure prone procedures, please enclose a recent surface antigen test result. (No older than 12months).
If you have a positive Hepatitis C RNA result you will not be able to work in exposure prone procedure areas.

GENERAL PRACTITIONER'S DETAILS

Name: _____ Telephone: _____

Address: _____

DECLARATION

I certify that the answers I have given on this form are correct to the best of my knowledge. I understand an opinion as to my fitness to undertake work, as an agency worker will be given to a representative of Caemac Professionals, following assessment by an Occupational Health Adviser. I also agree to my General Practitioner or any other medical practitioner I have consulted being contacted should it be necessary to do so. I agree to inform Caemac Professionals of any changes to my health status, which may affect my role as an agency worker.

Signed: _____ Date: _____