

Visiting Electives Programme Occupational Health Form

Introduction and Instructions

Queen Mary University of London (QMUL) Malta Campus is committed to equality of opportunity for students with impairments and health conditions. We are also required to ensure that clinical placements can be undertaken safely. This form must be completed in full before your elective commences.

Please answer all questions carefully. Where a question is answered 'Yes', please provide brief details in the space provided. Once Part A (Student) is complete, please ask your usual doctor or your Occupational health team in your host institution to complete Part B (Doctor's Section).

Completed forms should be submitted by email, marked '**Medical – In Confidence**', including your full name and institution, to: VSE-Malta@qmul.ac.uk

Confidentiality: All medical and sensitive personal information you provide will be held in confidence. Our occupational health doctor will screen this form internally. Only relevant fitness-to-practise information will be shared with the faculty, in line with GMC guidance on confidentiality.

⚠ Approval Required Before Attending

This form, together with all required supporting documentation, must be fully completed and approved by QMUL Malta's occupational health screener **before** your elective commences. Students who have not received written occupational health approval will **not be permitted to attend their elective placement under any circumstances**.

Failure to disclose information about a physical or mental health problem that could affect patient safety will also be considered a breach of the University's Suitability to Practise Regulations and may result in permanent exclusion from the programme.

PART A: TO BE COMPLETED BY THE STUDENT

Section 1: Personal Details

Family Name	
Given Name(s)	
Date of Birth	
Gender	
Title (Mr / Ms / Dr / etc.)	
Home Institution	
Year of Medical Study	
Elective Dates (From – To)	

Elective Duration	
Home institution address	
Mobile Number	
Email Address	
Home institution contact person	
Home institution Telephone / Email	
Passport / ID Number	

Section 2: Health and Functional Capabilities

Please tick Yes or No. If you answer Yes to any question, provide brief details in the space below.

2.1 Functional Capabilities

Do any of the following present you with difficulty?	Response
Mobility — e.g. walking, running, using stairs	Yes ☐ No ☐
Agility — e.g. bending, reaching, kneeling, maintaining balance	Yes ☐ No ☐
Dexterity — e.g. getting dressed, writing, using tools	Yes ☐ No ☐
Physical Exertion — e.g. lifting, carrying, running	Yes ☐ No ☐
Communication — e.g. speech or hearing impairment	Yes ☐ No ☐
Vision — e.g. visual impairment, colour blindness, tunnel vision	Yes ☐ No ☐
Learning — e.g. dyslexia, dyspraxia, dyscalculia, impaired concentration	Yes ☐ No ☐

If yes to any of the above, please provide details (e.g. nature, extent of impairment, adjustments required):

2.2 Medical Conditions

Do you have any of the following?	Response
Allergies — e.g. latex, medicines, foods	Yes ☐ No ☐
Chronic skin conditions — e.g. eczema, psoriasis	Yes ☐ No ☐
Endocrine disease — e.g. diabetes	Yes ☐ No ☐
Neurological disorder — e.g. epilepsy, multiple sclerosis	Yes ☐ No ☐
Sudden loss of consciousness — e.g. fits or seizures	Yes ☐ No ☐

Chronic fatigue syndrome or similar condition	Yes ☐ No ☐
An eating disorder — e.g. bulimia, anorexia nervosa, compulsive eating	Yes ☐ No ☐
Mental health problems requiring psychiatric intervention — e.g. anxiety, depression, OCD, personality disorder, self-harm, substance dependency	Yes ☐ No ☐
Treatment from a psychiatrist, psychotherapist or counsellor (past or present)	Yes ☐ No ☐
Currently taking any medication or treatment	Yes ☐ No ☐
Any other impairment or health condition not mentioned above that may require support or adjustments during your placement	Yes ☐ No ☐

If yes to any of the above, please provide details (*condition, onset, severity, treatment, adjustments required*):

Section 3: Tuberculosis

Have you had tuberculosis or been in close contact with a TB case in the last two years?	Yes ☐ No ☐
Have you completed the Mantoux test? <i>If Yes, please provide the outcome of this test. If the outcome is positive, the QuantiFERON test is required.</i>	Yes ☐ No ☐
Have you completed the QuantiFERON test? <i>If Yes, please provide the outcome of this test.</i>	Yes ☐ No ☐
Have you lived for six months or more in a country classified as high-risk for TB by the WHO? <i>If Yes, please list countries and dates below.</i>	Yes ☐ No ☐
If “Yes”, you will be required to submit a chest X-ray to the university for review.	

Countries of residence (>6 months) and dates (*required if Yes above*):

Students who have lived ≥6 months in a WHO high-risk TB country will be required to provide a Quantiferon-TB Gold result. A list of high-risk countries is available at: https://cdn.who.int/media/docs/default-source/hq-tuberculosis/who_globalhbcliststb_2021-2025_backgrounddocument.pdf

Section 4: Student Declaration

I declare that, to the best of my knowledge, the information I have provided in this form is correct and complete. I understand that:

- My elective placement is conditional on full occupational health approval. I will not be permitted to attend until written approval has been granted by QMUL Malta's occupational health screener.
- I am bound to inform QMUL Malta Campus of any impairment or health condition which develops during my elective.

- Failure to submit all required documentation, or failure to disclose information about a physical or mental health problem that could affect patient safety, will result in my placement approval being withheld or withdrawn.
- Any costs for completing this form or obtaining required tests are my own responsibility.

Signature of Student:	Date:
------------------------------	--------------

PART B: TO BE COMPLETED BY THE STUDENT'S DOCTOR/OCCUPATIONAL HEALTH TEAM

This section should be completed by the student's usual doctor (GP or equivalent). A medical examination is NOT required. Please answer on the basis of your knowledge of the patient and their records.

Student Name	
---------------------	--

Section 5: Doctor's Medical Review

Doctor's Questions	Response
Are you the student's usual doctor?	Yes ☐ No ☐
Are you a relative of the student?	Yes ☐ No ☐
Do you hold the student's medical record?	Yes ☐ No ☐
Do the student's answers in Part A appear correct, based on your knowledge?	Yes ☐ No ☐
Are you aware of any additional medical information relevant to this placement that has not been disclosed?	Yes ☐ No ☐

Further comments *(continue on separate sheet if necessary):*

Section 6: Immunisation Record

Please complete the table below based on the student's immunisation records. **Proof of vaccinations must be attached to this form.**

Documentation Requirements — Mandatory for Approval

All documentation listed below is mandatory. Incomplete submissions will not be approved, and the student will not be permitted to attend their elective.

All placements (any duration): DTP vaccine (≥4 doses), MMR vaccine (2 doses), Hepatitis B vaccine (3 doses, with the final dose administered no more than 10 years ago). Vaccination records must be attached.

Placements exceeding 6 weeks: In addition to the above, laboratory results for Hepatitis B, Hepatitis C, and HIV blood tests (all tested within the previous 3 months) are also required and must be submitted before approval can be granted.

Vaccine	Dose Dates (enter date for each dose)	Notes / Certifications Attached
DTP (Diphtheria, Tetanus, Polio)	1st Dose: _____ 2nd Dose: _____ 3rd Dose: _____ 4th Dose: _____ 5th Dose (if applicable): _____	Minimum 4 doses required. Attach vaccination records.
MMR (Measles, Mumps, Rubella)	1st Dose: _____ 2nd Dose: _____	2 doses required. If no vaccination records, serological evidence of immunity to measles & rubella is acceptable (attach lab report).
Hepatitis B	1st Dose: _____ 2nd Dose: _____ 3rd Dose: _____ Booster (if applicable): _____ Anti-HBs titre result: _____ Anti-HBs titre date: _____	3 doses required; final dose ≤ 10 years ago. If anti-HBs < 10 mIU/ml after 3 doses + booster, the student must complete Annex A (Low Titre Consent Form).
Varicella (Chickenpox)	Has the student had chickenpox? Yes ☐ No ☐ If No — 1st Dose: _____ 2nd Dose: _____ Antibody titre (if applicable): _____	Declaration of past infection from a medical practitioner, OR vaccination records, OR antibody titre result.
BCG (Tuberculosis)	Date of BCG: _____	Enter exact date from record. Scar check may be undertaken on commencement.

Blood Tests — Required for Placements Exceeding 6 Weeks

For placements exceeding 6 weeks, laboratory results for the following blood tests must be provided. **All tests must have been taken within the previous 3 months.**

Test	Documentation Required	Result / Outcome	Date of Test
Hepatitis B	Anti-HBs antibody result. If anti-HBs < 10 mIU/ml: HBsAg (Hepatitis B Surface Antigen) result also required.	☐ anti-HBs > 10 mIU/ml ☐ HBsAg negative ☐ DNA-PCR	
Hepatitis C (HCV)	Hepatitis C antibody result.	☐ HCV RNA - PCR result	
HIV	HIV antibody result.	☐ HIV antibody result	

Blood results must be from an ISO-15189 accredited laboratory (as evidenced by the accreditation symbol on the report) or any laboratory licensed by the Malta Department of Health.

Section 7: Doctor's Declaration

I confirm that the above information is correct to the best of my knowledge.

Doctor's Name (print)	
Medical Council Registration No.	
Doctor's Signature	
Date	
Practice Stamp	

FOR QUEEN MARY UNIVERSITY OF LONDON, MALTA CAMPUS USE ONLY

☐ Documentation complete and satisfactory — no objection	
☐ Documentation incomplete — still requires:	
☐ Other:	
Occupational Health Screener Signature:	Date: