



IMMUNITY STATUS FORM

FOR STUDENTS APPLYING FOR ADMISSION INTO
SECOND YEAR PROFESSIONAL PROGRAMMES
DUE 1 OCTOBER

For admission into second year, or any subsequent year, of any of the professional programmes, students are required to supply evidence of their immunity status for the following infections: Hepatitis B and C, measles, mumps, rubella and varicella. These tests are required even if you have been vaccinated.

All applicants must make arrangements with their local Health Professional to undertake serology (blood) tests for these infections.

Both International and Domestic students must visit and obtain their results from a New Zealand-based Health professional.

Your New Zealand Health Professional is required to sign and print his/her contact details in the allocated spaces on the form below.

Please note:

- Only Immunity Status is required for the purposes of admission. Vaccinations are not a requirement of admission.
- There may be a cost in excess of \$100 when undertaking immunity tests.

PLEASE ATTACH A COPY OF THE ORIGINAL LABORATORY RESULTS TO THIS FORM

Student's Name

Student ID

D.O.B

Phone

Email

Blood Test Required

Hepatitis B surface antigen

Hepatitis B surface antibody

Hepatitis C antibody – no vaccination, serology only

Morbili – English measles antibody

Mumps antibody

Rubella (German measles) antibody

Varicella (chicken pox):

Confirmed history of chicken pox exists tick , or antibody test result:

Current Status

Negative

Immune

Negative

Immune

Immune

Immune

Immune

Immune

Positive

Not Immune

Positive

Not Immune

Not Immune

Not Immune

Not Immune

Not Immune

I consent to the release of serology results to appropriate University of Otago staff of the Professional Programme to which I am admitted as evidence of complying with the Health Sciences Professional Programmes Policy on Transmissible and Blood-Borne Infections:

Signed by Student

Date

Name of Health Professional if other than Student Health, University of Otago

Address

Phone

Email

Signed by Health Professional

Date

Student Health Stamp