

Occupational Health Service

Immunisation and health surveillance referral

This form **must** be completed by the Head of School/Service or the School/Service Safety Advisor (SSA) for all staff or students requiring immunisation and/or health surveillance as part of their work or course. **The school/service will be re-charged for any immunisations/blood tests undertaken for the individual following this referral.** Please provide the cost centre for this in the relevant box below.

Details of individual being referred:

|  |  |  |
| --- | --- | --- |
| **Surname:** | **Forename:** | **Date of birth:** |
| **Job title or student status:** | **School/Service & location:** | **Telephone (work or mobile):** |
| **E-Mail:** |
| **School/Service cost centre for the purpose of re-charge:** |

|  |  |  |
| --- | --- | --- |
| **Type of hazard requiring surveillance** | **Yes** | **No** |
| Contact with human blood/bodily fluids, other unfixed human tissue or biological agents (bacteria, viruses etc). |  |  |
| Contact with animals or other respiratory sensitisers. |  |  |
| Noise (regular exposure above upper action level or individual at increased risk from noise) |  |  |
| Hand arm vibration. |  |  |
| Other (e.g. skin irritants)Please give details: |  |  |

|  |  |  |
| --- | --- | --- |
| **Immunisation requirements (if identified from risk assessment)** |  |  |
| Please give details: |  |  |

**Signed** (HoS/SSA)**: Date:**

**Print name:**

**Contact number:**

After completion, please email attachment to: Bristol-occhealth@bristol.ac.uk

**An appointment will only be given on receipt of this completed form.**