

College Nurses

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Student medical form

Surname:	Known as -		Date of birth:
Forenames:	Mob No -		
Allergies	Please	give details	
Have you ever had a SERIOUS ALLERG reaction? If so do you know what triggered			
Do you have any food allergies? If so, to which foods are you allergic?			
Do you carry any medication for allergies?	Yes/N	o Details:	
 Have you been seen by a specialist (Allergis and received: Advice on avoidance? Advice on management of reaction? A written emergency treatment plan? 	t) Yes/N Yes/N Yes/N Yes/N	0 0	

I understand the University and College policies, that a student with a serious allergy is responsible for the management of their allergy and for carrying their own prescribed medication including Auto Adrenaline injector . I also consent for the Porters and/or catering services to be made aware of my allergy and to be given a photo and agree to make contact with the College Nurses within 48 hours of my arrival in college.

Signed_____ Date____

Medical History			
Do you have or have you had:	Yes	No	Please give details
Epilepsy			
Asthma/Eczema			
Diabetes			
Eating Disorders			
Self Harm			
Depression			
Glandular Fever			
Visual/Hearing problem			
Other relevant information	n		Details
Current medication			Details

Vaccinations	No	Yes	Please insert dates
Have you had the BCG vaccine?			
Have you had the MMR vaccine x 2 ?			
Have you had the Meningitis ACWY			
vaccine?			

IMPORTANT: The Health Protection Agency and the University of Cambridge now strongly advise *all students*, **before arrival in College**, **to have had**:

- Meningitis ACWY vaccine
- MMR vaccinations x 2

PLEASE ENSURE THAT YOU HAVE HAD THEM!

Increased susceptibility to infections

Have you received and read the information and guidance from the University regarding increased susceptibility to infectious diseases (ISID)

YES/NO

Have you responded to the tutorial office regarding your level of risk?

YES/NO

Have you identified as having a health condition which means you have an increased susceptibility to diseases such as Covid-19 or, a disability (including a mental health condition that can be defined as a disability) which would be exacerbated by living in Cambridge under current circumstances.

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If y	es please g	give details b	elow				

All students need to be registered with a Cambridge GP, we encourage postgraduates to register with Huntingdon Road Surgery if possible, you can register with them online. -

https://www.huntingdonroadsurgery.co.uk/page1.aspx?p=4&t=1

Once registered please complete the following information:

Information for International Students

Ongoing medication – If you are receiving medical treatment or taking medication, bring with you a Doctors certificate (in English) confirming the treatment and/or any medication you are receiving.

If you need ongoing medication in the UK, the GP reception will explain how they arrange repeat prescriptions for when you are anticipating your first supply of medication to run out. It can take up to 48 hours to obtain a repeat prescription. We would advise that you bring with you at least 2 weeks supply of medication.

Please make sure you return the form by Friday 16th October, in an envelope addressed as follows:

CONFIDENTIAL
College Nurses
Health and Welfare Centre
Girton College
Cambridge
CB3 0JG

All information received is kept and stored in accordance to General Data Protection Regulations (GDPR)