



## MALTA MEDICAL SCHOOL

### *Health Form for ERASMUS period in Malta (Hospital Placements Medicine & Surgery, and Pharmacy)*

Name: \_\_\_\_\_

Current Academic Institution: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dates of Proposed Attachment: \_\_\_\_\_

Proposed Speciality Subject of Study: \_\_\_\_\_

ID/Passport No: \_\_\_\_\_

It is important that you are properly protected from infectious disease during your attachment. The questionnaire below will help assess your fitness to attend the course of study.

**PLEASE NOTE:** It is **your** responsibility to take, and follow specialist advice if you are or you believe you may be infected with any blood borne virus including Human Immunodeficiency Virus (HIV).

### HEALTH QUESTIONNAIRE

Please ask your doctor, or Occupational Physician, to complete the following details about your health.

Your doctor must sign the statement at the bottom of the health form.

Please fill in ALL the form. No alternatives are offered to the following certifications required:

|   |  |      |
|---|--|------|
| <p><b>HEPATITIS B</b><br/>Evidence of Immunity to Hepatitis B or absence of markers of infectivity.</p> | <p>Please include originals, or copies of results <b>(in English)</b> of:<br/>Hepatitis B Antibody Level<br/><b>OR</b><br/>Hepatitis B Surface Antigen tests<br/>(if POSITIVE, include Hepatitis B 'e' antigen test)</p>   | Date |
| <p><b>TUBERCULOSIS</b><br/>Free from active infection</p>   | <p>Please attach certificate/evidence of being free from this infection within the last 12 months <b>(in English)</b>.<br/>(Either Chest X-Ray or Heaf tet or Mantoux test)</p>  | Date |
| <p><b>RUBELLA (for females only)</b><br/>Evidence of Immunity</p>                                       | <p>Please include original or copy of Rubella Antibody Test <b>(in English)</b></p>  | Date |
| <p><b>VARICELLA</b><br/>Evidence of Immunity</p>  | <p>Please attach relevant certification showing one of the following <b>(in English)</b>:</p> <ul style="list-style-type: none"> <li>• Definite recollection of past infection</li> <li>• Documented vaccination with two doses, or</li> <li>• Result of Antibody titre to varicella</li> </ul>                                    | Date |
| <p><b>MRSA</b><br/>Absence of Colonisation<br/>(Result of nasal swab)</p>                               | <p>Please include original or copy of microbiology result <b>(in English)</b>. The result must include Antibiotic Sensitivity <b>The MRSA test should be undertaken within an 8 week period before the commencement of the Erasmus exchange period. Result of nasal swabs performed before this time will not be accepted.</b></p> | Date |
| <p><b>Any Serious Medical Conditions</b></p>  | <p>Such as: cough and/or diarrhoea, skin rashes over last few weeks</p>  | Date |

## MEDICAL HISTORY

Please tick the relevant response

Have you, at any time, suffered from:

|  | NO | YES | REMARKS |
|--|----|-----|---------|
| 1. Depression, anxiety, nervous illness breakdown          |    |     |         |
| 2. Faints, fits diseases of balance or nervous system      |    |     |         |
| 3. Allergies or sensitivities or reactions to immunisation |    |     |         |
| 4. Back Problems   |    |     |         |

## DECLARATION

### Student:

I declare that the above answers are true and complete to the best of my knowledge and belief. I understand that acceptance for an Erasmus mobility period is subject to successful completion of a medical test.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

### Doctor:

I certify that the information included about the above student is correct.

Signed: \_\_\_\_\_

Name (Capitals): \_\_\_\_\_

Position: \_\_\_\_\_

Practice Stamp

### PLEASE NOTE:

- Insufficient Information will require further enquiries and may delay the application process.
- Copies of ALL reports are to be in ENGLISH, otherwise your application maybe cancelled due to insufficient information.
- The Health Form should reach the University of Malta Medical School not later than 7weeks before commencement of your the Erasmus placement

**SEND TO:** "ERASMUS - HEALTH FORM", Dean's Office, Faculty of Medicine & Surgery, University of Malta Medical School, Block A, Level 0, Mater Dei Hospital, Tal-Qroqq, Msida MSD 209, MALTA

### HEALTH FORM SENDING PROCEDURES:

a) Students are to send their health form to the Dean's Office sealed in an envelope. Which envelope is to be marked 'Health Form' (Erasmus) and must have the student's name and surname clearly printed on it

**b) Attached to the envelope there must be a copy of the student's Erasmus Enrolment Form**

**c) All documents (the health form + a copy of the student's Enrolment Form) must be sent to the Dean's Office, Faculty of Medicine and Surgery – Mater Dei Hospital, Birkirkara**

**d) If these forms (ie health form, and a copy of the Enrolment Form) are not received by the Faculty, the Faculty may refuse the application**

**e) The documents should be sent to the Faculty of Medicine and Surgery 7 weeks prior to the commencement of your Erasmus placement**

***NB: Students are to inform the International & EU Office (Attn Angele Patiniott – e-mail: [angele.patiniott@um.edu.mt](mailto:angele.patiniott@um.edu.mt)) as soon as the documents have been sent to The Dean's Office, at the Faculty of Medicine and Surgery, Mater Dei Hospital, Birkirkara***