

Freshers' Medical Information Form

For students not registering with the College Doctors in 2023-24

Registration with the College Doctors at Summertown Group Practice is strongly encouraged for the following reasons:

- College staff have a clear point of medical contact in an emergency.
- The College Doctors run regular, convenient surgeries in college during term time.
- The College Doctors have built up a good working relationship with the College's welfare officers, and work with them to make the best possible provision for your healthcare.
- The College Doctors are familiar with the College's and University's regulations regarding the provision of medical evidence, e.g., when applying for alternative exam arrangements.
- Registering with the College Doctors does not prevent you from registering as a temporary patient at your home surgery and means that both surgeries are aware of your medical history.

You have the right to register with any doctor you prefer but the College requires that students should register with a doctor in Oxford who is willing to visit you in College if necessary.

Surname:	
Forename(s):	
Date of birth:	
Name of course:	
<input type="checkbox"/> I confirm that I do <u>not</u> wish to register with the College Doctors.	
Please explain why you do not wish to register with the College Doctors:	
<input type="checkbox"/> I am already registered with a doctor in Oxford and do not wish to change.	<input type="checkbox"/> I will be registering with another doctor in Oxford
<input type="checkbox"/> Another reason (please state below) :	<input type="checkbox"/> I prefer not to say
Please supply the contact details for your current doctor. These will only be used by the College Nurse if she needs to contact your doctor in an emergency or to follow up on your case.	
Name of doctor:	
Name of surgery:	
Surgery address:	
Telephone number:	

+44 (0) 1865 279000

St Edmund Hall, University of Oxford, Queen's Lane, Oxford, OX1 4AR United Kingdom
Registered Charity N° 1137470

WWW.SEH.OX.AC.UK

It is essential for public health reasons that either the College Doctors or the College Nurse are aware of your vaccination history.

Please provide details on your vaccinations. This information will be used by the College Nurse to ensure that the College is compliant with public health requirements and to advise you on any new vaccinations you may need.

Vaccination	Dates: 1st	2nd	3rd	Booster
Polio				
Tetanus				
Diphtheria				
Whooping cough (Pertussis)				
"HIB"				
Measles/Mumps/Rubella (MMR)				
Rubella only				
Meningitis C				
Meningitis A & C				
Hepatitis A				
Hepatitis B				
Typhoid				
Tuberculosis (BCG)				
Yellow Fever				
Rabies				
Jap. B. Encephalitis				
HPV				
Other (please specify):				

Data Protection Notice: Personal information will be available only to the College Nurse, and will be used for the stated purposes, in accordance with the Data Protection Act 1998. This information will be stored securely by the College Nurse and destroyed when no longer required.

When complete, place this form in a sealed envelope marked 'Confidential: FAO College Nurse' and return it to the College Office with your other registration forms, or email to: nurse@seh.ox.ac.uk.