

APPENDIX 14 IMMUNISATION

The University is required by law to offer immunisations to individuals who may be exposed to pathogens at work, where an effective vaccine is available; for example, those who may be exposed in the course of their employment to human blood or body fluids are advised to receive Hepatitis B immunisation.

The University's Occupational Health Unit will provide any immunisations identified as required for a particular work activity; these will be free of charge to the individual, the cost of vaccine being borne by the School/Department. The Occupational Health Unit can also be contacted for further advice on immunisations.

Principal Investigators should consider and determine the need for immunisation as part of general and specific risk assessments linked to work done under their direction.

Contact details for the University's Occupational Health Unit:

Email: occupational.health@ed.ac.uk

Telephone: 0131 650 8190

Fax: 0131 650 9149

Address: Drummond Street Annexe, Drummond Street, Edinburgh EH8 9XP

The following form should be used to request immunisation or checks of immune status in respect of any workers likely to come into contact with an immunisable agent in the workplace:

University of Edinburgh – Occupational Health Unit
Request for Immunisation(s)
and/or related immunity level testing



SECTION A

Name _____

Date of birth ____ / ____ / ____

Email address _____

Telephone ext. _____

School _____

Unit/Lab _____

SECTION B

Identified risk for which immunity is required:

Person who has identified risk:

SECTION C

Cost charging details

Note: The cost of immunisations and related blood tests will be charged to your department. **The authorised person is normally a member of your department's administrative staff, and must be a registered user of the University's eFinancials system.** If cost or other information is required please contact the Occupational Health Unit on 650 8190.

Authorised by: (signed) _____

Name and job title _____

SECTION D

Immunisation(s) (or immunity check) requested:

Hepatitis B immunisation course and immunity check

Hepatitis B immunity check

Other immunisation(s) _____

Please submit this form to the Occupational Health Unit. A reply will be issued as quickly as possible.

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