# Freshers' Medical Information Form

**For students not registering with the College Doctors in 2026-27**

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: | |
| | |
| ☐ I confirm that I do not wish to register with the College Doctors. | |
| Please explain why you do not wish to register with the College Doctors: | |
| ☐ I am already registered with a doctor in Oxford and do not wish to change. | ☐ I will be registering with another doctor in Oxford |
| ☐ Another reason (please state below) : | ☐ 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: | |

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.