

To: Senior and Junior Academic Staff

Regulations regarding the immunization of foreign students wishing to study in the Faculty of Health Sciences

Following the decision of the Faculty Committee for Immunization dated 8.6.2015; I wish to inform you of the following regulations in regard to accepting foreign students at the Faculty of Health Sciences:

The guidelines were defined according to the head of Public Health Services.

Students of the health professions, especially those doing clinical studies, will be exposed to infectious agents and serious infectious diseases. In addition, they might infect their patients with these infectious agents. Accordingly, the Ministry of Health requires that these students be immunized against these infectious diseases as a prerequisite for working in the departments.

The above regulations will affect students in the following health professions:

Nursing, nursing aid, medicine, dentistry, dental assistant, pharmacy, dental technician, physiotherapy, occupational therapy, clinical communication, X-ray technician, nutrition, biomedical technology, laboratory sciences and emergency medicine (paramedic) and other professions defined by the Public Health Services.

In accordance with the regulations of the Faculty Committee for Immunization, the regulations will affect B.Sc. students, M.D. students and students doing advanced studies in the hospitals, outpatient clinics and laboratories.

Before accepting a foreign student for studies, the faculty member is required to declare whether the student will be carrying out research in a laboratory/hospital or clinic.

If the student will not be carrying out research in any of the above mentioned, no additional immunizations will be necessary. However, if within the framework of his studies, the student will have contact with a laboratory/hospital or clinic, it is imperative that the he is fully immunized according to the regulations of the Faculty Committee for Immunization.

Faculty members who accept foreign students are required to complete the attached forms.

Acceptance of Foreign Students to the Faculty who

Will not be required to work in a lab

Name of Supervisor	ID No.	Department
Office Telephone	Cell	Email

Place of Lab

Building	Room No.	Other
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Details of student

Name (English & Hebrew)	Passport No.	Department
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Degree

I hereby declare that during the student's period of studies, he will not be required to enter a laboratory and is therefore exempt from immunization required for students of the Faculty of Health Sciences.

Name of supervisor	Name of Student
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Signature	Signature
Date	Date

This form has to be approved by the Head of the Department

Name of Dept. Head	Signature	Date
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The declaration must be scanned with the Head of Department's signature and inserted into the student's file which will be held by the departmental secretary.

**Acceptance of Foreign Students to the Faculty who
Will not be required to work in a lab**

Name of Supervisor	ID No.	Department
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Office Telephone	Cell	Email
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Place of Lab

Building	Room No.	Other
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Details of student

Name (English & Hebrew)	Passport No.	Department
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Degree

I hereby declare that during the student's period of studies, he will not be required to enter a laboratory and is therefore exempt from immunization required for students of the Faculty of Health Sciences.

Name of supervisor	Name of Student
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Signature	Signature
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Date	Date
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This form has to be approved by the Head of the Department

Name of Dept. Head	Signature	Date
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The declaration must be scanned with the Head of Department's signature and inserted into the student's file which will be held by the departmental secretary.

**Acceptance of Foreign Students to the Faculty who
Will be required to work in a lab**

Name of Supervisor	ID No.	Department
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Office Telephone	Cell	Email
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Place of Lab

Building	Room No.	Other
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Details of student

Name (English & Hebrew)	Passport No.	Department
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Degree

I hereby declare that during the student's period of studies, he will be working in the laboratory and it is obligatory that he be immunized as required for students of the Faculty of Health Sciences.

Name of supervisor	Name of Student
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Signature	Signature
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Date	Date
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This form has to be approved by the Head of the Department

Name of Dept. Head

Signature

Date

The declaration must be scanned with the Head of Department's signature and inserted into the student's file which will be held by the departmental secretary.

A copy of the immunization signed by an authorized physician must be included in the student's file.