Special Clinical Electives Programme Checklist

First Name: __________________________ Last Name: __________________________

Application No: _______________________ Email Address: _______________________

Please submit an online application only when the following documents are available. Please note, we require original copies of all the documentation; except for lab reports. All international documents must be translated to English. The following documents must be submitted together in one package within 1 month of application. Check each box and staple all documentation neatly and in the following order;

☐ Special Clinical Electives Programme Checklist
☐ Elective Students Payment Form – Application Fees
☐ Elective Students Payment Form – Elective Fees
☐ Letter of Good Standing (LoGS) with official school stamp
☐ Personal Protective Equipment (PPE) Certification Letter
☐ Professional Indemnity Insurance
☐ Health & Travel Insurance (Applicable for foreigners only)
☐ Medical Examination Report – Elective Students (form must be filled out in its entirety and signed by a health professional)

In addition, the following documentation must accompany the Medical Examination Report;

Hepatitis B
☐ Copy of Lab Report posting a Positive Serology Test
   And
☐ Copy of Lab Report posting a Negative Antigen Level

Varicella
☐ Copy of Lab Report posting a Positive Serology Test
   Or
☐ 2 doses of Varicella immunisation

MMR (Mumps, Measles and Rubella)
☐ Copy of Lab Report posting a Positive Serology Test
   Or
☐ 2 doses of MMR immunisation

Tetanus, Diphtheria and Pertussis (Tdap or Td)
☐ Copy of Lab Report with 1 dose of Tdap or Td immunisation in the last 10 years

Hepatitis C
☐ Copy of Lab Report posting a Negative Serology Test

HIV
☐ Copy of Lab Report posting a Negative Serology Test

I understand that all the above documentation will be sent together in ONE packet; else my application will be considered incomplete and my online application will not be processed.

______________________________  __________________________
(Signature)                        (Date)