

\*This form is only for healthcare students who **will not be** performing exposure prone procedures (EPPs) as those students have an added requirement for blood borne virus (BBV) screening.

## Section 1: Information

Students who will be attending course placements in Queensland Health and/or other clinical areas where they have contact with patients are **REQUIRED** to provide evidence of their immunisation status for the diseases listed in the table below. This list is supported by the Australian Immunisation Handbook and Queensland Health policy. The attached immunisation record is to be completed by a **REGISTERED MEDICAL PRACTITIONER**. It is most important you obtain your past immunisation record (s) and take this information to the medical practitioner who will complete this form for you.

Name of disease	Requirements
<b>Pertussis*, Diphtheria, Tetanus</b>	Complete childhood vaccination course (CCV). Booster as adolescent/adult within last 10 years
<b>Measles*, Mumps* &amp; Rubella*</b>	2 doses at least one month apart or failing this a blood test showing immunity
<b>Varicella (Chickenpox)*</b>	Fully immunised (2 varicella vaccinations) or a blood test showing immunity
<b>Influenza**</b>	Date of vaccination (annual vaccination in autumn strongly recommended)
<b>Hepatitis A</b>	Not routinely required – recommended for Health Care Workers who work in remote Indigenous communities or with Indigenous children in NT, Qld, SA and WA, and other specified healthcare workers in some jurisdictions
<b>Hepatitis B*</b>	Has completed an age appropriate hepatitis B course AND Immune to hepatitis B <b>OR</b> currently being vaccinated against hepatitis B <b>OR</b> not susceptible to hepatitis B
<b>Tuberculosis (TB)*</b>	Must have documented recent test (skin or IGRA / Quantiferon Gold for TB blood test within previous 2 years) to screen for latent Tuberculosis at entry to the study program. Please note the test doesn't need to be repeated during the program unless exposure to tuberculosis has occurred

## Notes

### Mandatory requirement\*

#### Influenza\*\*

Healthcare workers can transmit influenza to persons at increased risk of complications from influenza infection. Vaccination in the autumn of each year greatly reduces this risk. Healthcare students are strongly encouraged to have Influenza vaccination annually. Students should retain proof of vaccination in the event that it is required for a particular placement site/hospital attachment.

#### Tuberculosis (TB)

Students can undergo pre-screening free of charge from the Metro South Clinical Tuberculosis Service, Princess Alexandra Hospital Campus, via Cornwall Street, Woolloongabba, Brisbane (there can be long waiting times for testing). Alternatively, this service may be obtained from private pathology laboratories on referral from a medical practitioner (*charges will apply – please confirm cost with service provider*). The result of the screening is required prior to completion of the attached form

Students should make arrangements to obtain any required vaccinations immediately and return the completed immunisation record along with any supporting documentation, if appropriate.

Records will remain incomplete until all requirements have been met.

Students are reminded that clinical placements and access to clinics will not be permitted unless this record is complete.

## Section 2: Evidence of Vaccination / Immunisation

<b>Student Name:</b> (BLOCK LETTERS)	Surname	First Name	Other Names
<b>Student Number:</b>		<b>Date of Birth:</b>	

This section must be completed by a medical practitioner

Name of disease	Acceptable evidence of protection	Tick	Date(s)
<b>Diphtheria, Tetanus, Pertussis</b>	One documented dose of DTPa vaccine within last 10 years (in addition to CCV)		Date ___/___/___ Pertussis booster next due: ___/___/___
<b>Measles, Mumps, Rubella</b>	Documented evidence of 2 doses of MMR vaccine given at least 28 days apart (both doses must be given before signing the form)		Dose 1 ___/___/___ Dose 2 ___/___/___
	<b>OR</b> The student is immune to measles, mumps and rubella.		<b>OR</b> Serology report confirms immunity to measles, mumps and rubella Report date ___/___/___ Result: _____
<b>Chickenpox (varicella)</b>	Documented evidence of 2 doses of varicella vaccine given at least 28 days apart (both doses must be given before signing the form)		Dose 1 ___/___/___ Dose 2 ___/___/___
	<b>OR</b> The student is immune to varicella		<b>OR</b> Serology report confirms immunity to varicella Report date ___/___/___ Result: _____
<b>Influenza</b>	A dose of vaccine given annually is highly recommended		See Influenza ** notes above
<b>Hepatitis A</b>	Not routinely required – see table in section 1		
<b>Tuberculosis</b>	Screening test (skin test or blood test IGRA or Quantiferon gold for TB) in the last 2 years		Report date ___/___/___ Result: _____ Comment _____
<b>Hepatitis B</b>  <i>2 dose course appropriate for adolescent schedule only.</i>	The student has been fully vaccinated ( <i>please write in dose dates if known</i> ) <b>AND</b> has produced protective antibodies against hepatitis B.		Dose 1 ___/___/___ Dose 2 ___/___/___ <b>AND</b> Report Date: ___/___/___ Dose 3 ___/___/___ Result: _____
	<b>OR</b> The student is currently undergoing vaccination against hepatitis B (and will complete the 3 dose schedule and serology). <i>Please write in dose dates.</i>		Dose 1 ___/___/___ Dose 2 ___/___/___ <b>AND</b> Report Date: ___/___/___ Dose 3 ___/___/___ Result: _____
	<b>OR</b> Not susceptible to hepatitis B. <i>Evidence of previous hepatitis B exposure shown on serology</i>		Evidence sighted – date ___/___/___

## Section 3: Medical Practitioner Declaration

I declare that the requirements specified above have been assessed and actioned in accordance with the immunisation status of the student named on this form, and have been entered above in compliance with the immunisation entry requirements for accessing clinics as part of course requirements or electives. The student has been made aware of any vaccination or serology follow up in relation to completing the requirements of this form.

Name of Medical Practitioner/ Provider number		Contact Details or Practice stamp	
Signature:		Date:	
Is further follow up required? Please insert details:			

## Section 4: Student Declaration

I understand the requirements outlined in this document and agree to submit this information as a true and correct record of my compliance with these requirements.  
In addition, I agree to provide updated information as necessary and in particular in relation to any required vaccinations.

Student Name: (BLOCK LETTERS)	Surname		First Name		Other Names		
Phone No.:			Email:				
Student Number:			Year of Program:	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup>	<input type="checkbox"/> 4 <sup>th</sup>
Signature:				Date:			

**The Immunisation record is to be completed in consultation with a Registered Medical Practitioner and returned by the student to:**

<p>Students are required to submit their immunisation record through the UQ's <a href="#">Placements</a> system. You can access <a href="#">Placements</a> via your my.UQ dashboard, or through the my.UQ <a href="#">Manage My Program</a> page. On the <a href="#">Placements</a> homepage, click on 'Staff and Students' and log in using your UQ student login details. Click on 'My Details' and upload your form in the relevant section.</p>	<p>Enquiries - Please contact your relevant student administration team for assistance submitting your documents.</p>
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## Section 5: For Office Use Only

<b>Student Name:</b> (BLOCK LETTERS)						
	Surname	First Name		Other Names		
<b>Student Number:</b>		<b>Year of Program:</b>	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup>	<input type="checkbox"/> 4 <sup>th</sup>

### Immunisation Record

<b>Immunisation record complete:</b>	Yes / No	<b>Date verified:</b>	
<b>Name of office worker:</b>		<b>Signature:</b>	

\* Students that have not attained Hepatitis B Immunity or documented evidence that the student is not susceptible to hepatitis B should be referred to UQ Healthcare for further specialist advice.

**If 'NO' to above, further action is required, and details must be provided in Section 6.**

## Section 6: Outstanding Requirements

Details of follow-up action taken by School Administration

This information must remain confidential and will be retained in the students file

### Privacy Statement

The information in this form is collected for the primary purpose of complying with the requirements of the University and Queensland Health by requiring students to provide evidence of their immunisation status for the listed diseases. The information you provide may be disclosed to Queensland Health or other placement organisations or where the disclosure is authorised or required by law. For further information please consult the UQ Privacy Management Policy at: <http://ppl.app.uq.edu.au/content/1.60.02-privacy-management>