

This form is for students who may participate in UQ activities in clinical facilities or environments (\***excluding** students enrolling in dentistry, medicine, midwifery or nursing programs) that increase the risk of acquisition or transmission of a vaccine preventable disease as identified in [PPL 2.60.08 Vaccinations and Immunisation](#). The specified requirements are in accordance with the Australian Immunisation Handbook and Queensland Health Policy.

\* Students enrolling in dentistry, medicine, midwifery or nursing programs must complete '[Student Immunisation Record – Form B](#)' to ensure all requirements associated with Blood Borne Virus (BBV) have been satisfied.

## Section 1: Information

Students are required to provide evidence of their immunisation or screening status for the diseases listed in Section 2 of this form. Students are reminded that **placements or activities in risk environments identified in [PPL 2.60.08 Vaccinations and Immunisation](#) will not be permitted unless this record is complete.**

### Instructions for Students

1. The attached immunisation record is to be completed by a **Registered Medical Practitioner**. To minimise any unnecessary delays and additional costs to you, it is most important you take any past immunisation record (s) to the medical practitioner who will complete this form for you. You must arrange to obtain any required vaccinations or screening tests as soon as possible as it can take some time and multiple visits to the Medical Practitioner to complete this form. The Medical Practitioner must be independent. They cannot be a near relative (e.g. spouse, partner, child, brother, sister, or parent) or a close associate (e.g. a close friend, neighbour, or partner or child of a colleague).
2. **You are also required to complete the Queensland Health [Tuberculosis Risk Assessment Form for Students](#). This is a student self-assessment form to be completed by the student only. The Submission Method is outlined below.**
3. Please ensure that this form (Student Immunisation Record- Form A) has been completed correctly before uploading to your [my.UQ](#) dashboard. Please also ensure that this form is signed and stamped by the medical practitioner (Section 3) and you are required to read and sign the Student Declaration (Section 4). The Submission Method is outlined below.
4. It is your responsibility to track emails and notifications from your my.UQ account to confirm immunisation compliance or respond to a request for additional evidence as soon as possible and prior to the deadline provided by your faculty or school. All information regarding your record status and due dates will be specified in the "View" or "Update" section of your 'My Requests' on your my.UQ dashboard.
5. **Please ensure you retain a copy of all documentation in your personal records**

### Submission Method for Students

#### Online only (via [my.UQ](#) Dashboard)

You will not be able to submit your documentation until you receive a '**Student Immunisation Evidence Request**' email that has been initiated by your Faculty and provides a link to upload your forms. Once you have received this email, you can also access the student immunisation evidence process *via* the 'Notifications' section of your [my.UQ](#) dashboard.

For assistance submitting your documents or completing this form please visit the [Immunisation and disease screening website](#).

### Instructions for Medical Practitioners

The Medical Practitioner is to complete sections 2 and 3, ensuring to sign and stamp in Section 3. Please enter all dose dates, serology dates, results and comments as requested on the form. There is no requirement for students to attach laboratory documents. **Please sign and date any additional entries made to this form after initial declaration date.**

<b>Student Name:</b> (BLOCK LETTERS)	Surname			First Name	Other Names
<b>Student Number:</b>		<b>Date of Birth:</b>			
<b>Mobile Phone No.:</b>		<b>UQ Email Address:</b>			
<b>Faculty:</b>		<b>Program of Study:</b>			
<b>Year of Commencement of program (cohort):</b>					

### Notes:

**COVID-19 vaccination:** Evidence of COVID-19 vaccination may be requested dependent on the requirements of your placement, course or program. Please retain proof of all vaccination and booster doses in the event that it is required for a particular placement site/hospital.

**Influenza vaccination:** An influenza vaccination is strongly recommended in the Autumn of each year after the latest flu vaccine has been released (usually March/April). Certain clinical placements will only accept students who have had the influenza vaccination to allow for staff and patient safety. Please retain proof of vaccination in the event that it is required for a particular placement site/hospital.

**Hepatitis A vaccination:** Students who are on placement in rural and remote Aboriginal and Torres Strait Islander communities in the Northern Territory, Queensland, South Australia or Western Australia are strongly recommended to receive hepatitis A vaccine if not already protected.

## Section 2: Evidence of Vaccination / Immunisation

**This section must be completed by a medical practitioner**

Name of Disease and evidence required	Date of Vaccination (dd/mm/yyyy)	Serology/ Screening	Other Evidence
<b>Pertussis, Diphtheria, Tetanus</b> One documented adult dose of dTpa vaccine within last 10 years (in addition to complete childhood vaccination course)	Dose Date:	<u>Not applicable</u>	<u>Not applicable</u>
<b>Measles, Mumps, Rubella</b> Documented evidence of 2 doses of MMR vaccine given at least 28 days apart. If the student is unable to provide dose dates a blood test showing immunity for all three diseases must be provided.	Dose 1 Date: <b>OR</b>  Dose 2 Date:	Serology Date: <b>OR</b>  <input type="radio"/> Serology confirms immunity to all: measles, mumps and rubella	<input type="radio"/> <b>Birth date before 1966</b>  No vaccination or serology required for students born before 1966
<b>Chickenpox (Varicella)</b> Documented evidence of 2 doses of varicella vaccine given at least 28 days apart. If the student is unable to provide dose dates a blood test showing immunity must be provided.	Dose 1 Date: <b>OR</b>  Dose 2 Date:	Serology Date: <b>OR</b>  <input type="radio"/> Serology confirms immunity to Varicella	<input type="radio"/> Attach evidence of documented history of physician-diagnosed chickenpox or shingles

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

Name of Disease and evidence required	Date of Vaccination	Serology/ Screening	Other Evidence
<b>Hepatitis B</b> Documented evidence of three doses of age-appropriate Hepatitis B vaccine <b>OR</b> serology results confirming immunity.  2 dose course of adult vaccine is appropriate for adolescent schedule only (if age of vaccine recipient was 11-15 years).	<div>OR</div> Dose 1 Date:  Dose 2 Date:  Dose 3 Date:	<div>OR</div> <b>Serology Date:</b>  <input type="radio"/> Serology confirms immunity to hepatitis B. Anti-HBs greater than or equal to 10mIU/mL	<input type="radio"/> Immunisation against hepatitis B is not appropriate. Not susceptible to hepatitis B. Evidence of previous hepatitis B exposure shown on serology.

**Please upload your Immunisation Form and TB self-assessment form together where possible.**  
 Once you press submit, you won't be able to upload additional documents until the Immunisation Records Team verify your first upload and return the task to you.

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

## Section 3: Medical Practitioner Declaration

I declare that the requirements specified above have been assessed and actioned in accordance with the immunisation and screening status of the student named on this form, and have been entered above in compliance with the immunisation requirements for the student's program of study. The student has been made aware of any vaccination or serology follow up in relation to completing the requirements of this form.

<b>Name of Medical Practitioner/Provider number</b>	<b>Signature:</b>	<b>Date</b>
<b>Is further follow up required? Please insert details:</b>		<b>Practice Stamp:</b>

## Section 4: Student Declaration

I understand the program 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 or disease screening.

<b>Student Signature:</b>	<b>Date:</b>

### Privacy Statement

The information in this form is collected for health and safety purposes as detailed in the University's Vaccinations and Immunisation Procedures and Guidelines (<https://ppl.app.uq.edu.au/content/2.60.08-vaccinations-and-immunisation>). This information will be used to ensure compliance with those procedures, and may be disclosed to Queensland Health and/or other placement providers. The University will not otherwise disclose this information to a third party without your consent, unless such disclosure is authorised or required by law.

For further information, please refer to the Vaccinations and Immunisation Procedures and the University's Privacy Management Policy (<https://ppl.app.uq.edu.au/content/1.60.02-privacy-management>)

**Student to submit all documentation to [my.UQ](#) using the Submission Method on page 1**