

Section 1: Information

Students in **Dentistry, Medicine, Midwifery or Nursing** programs are required to provide evidence of their immunisation status for the diseases listed in Section 2 of this form. This list is supported by UQ [PPL 2.60.08 Vaccinations and Immunisation](#), the Australian Immunisation Handbook and Queensland Health policy. Students are reminded that **placements or activities in healthcare environments will not be permitted unless this record is complete.**

In addition, Dental, Medicine, Midwifery and Nursing students are required to screen for hepatitis B, hepatitis C and HIV infection within the twelve months preceding program commencement and at least every three years if performing exposure prone procedures (EPPs - refer to section 3).

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 important for you to take any past immunisation record(s) to the medical practitioner who will complete this form. 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 your medical practitioner to complete this form. The Medical Practitioner must be independent, that is, 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 B) 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 4) and you are required to read and sign the Student Declaration (Section 5). 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

Please ensure that you complete sections 2, 3, 4 and then sign and stamp Section 4. Please enter all dose dates, serology dates, results and comments as requested on the form. There is no requirement for students to attach laboratory or medical documents except where requested on the form (e.g. hepatitis B immunity (titre level) and COVID-19 vaccination evidence).

Please sign and date any additional entries made to this form after initial declaration date.

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

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 annual influenza vaccination is strongly recommended in the Autumn of each year after the latest flu vaccine has been released (usually March/April). In certain settings, placement providers will only accept students who have had the latest 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 |
|---|--|--|--|
| Pertussis, Diphtheria, Tetanus 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> |
| Measles, Mumps, Rubella 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. | <div>OR</div> Dose 1 Date: Dose 2 Date: | <div>OR</div> Serology Date: <input type="radio"/> Serology confirms immunity to all: measles, mumps and rubella | <div>OR</div> <input type="radio"/> Birth date before 1966 No vaccination or serology required for students born before 1966 |
| Chickenpox (Varicella) 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. | <div>OR</div> Dose 1 Date: Dose 2 Date: | <div>OR</div> Serology Date: <input type="radio"/> Serology confirms immunity to Varicella | <div>OR</div> <input type="radio"/> Attach evidence of documented history of physician-diagnosed chickenpox or shingles |

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|---|---------|--|-----------------------|------------|--|-------------|--|
| Student Name: (BLOCK LETTERS) | Surname | | | First Name | | Other Names | |
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| Name of Disease and evidence required | Date of Vaccination and Serology/Screening <i>Dentistry, Doctor of Medicine, Midwifery and Nursing programs require evidence of dose dates and serology information</i> | | | Other Evidence |
|--|---|---|--------------|--|
| Hepatitis B Documented evidence of three doses of age-appropriate Hepatitis B vaccine AND 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). | Dose 1 Date: | Dose 2 Date: | Dose 3 Date: | <input type="radio"/> Immunisation against hepatitis B is not appropriate. Not susceptible to hepatitis B. Evidence of previous hepatitis B exposure shown on serology. Further Comments: |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">AND</div> PLEASE ALSO ENTER SEROLOGY INFORMATION Serology Date: <input type="radio"/> Serology confirms immunity to hepatitis B. Anti-HBs greater than or equal to 10mIU/mL Enter antibody level or attach laboratory result. Anti-HBs or HBsAb result: _____ mIU/mL <i>A positive blood test indicates current immunity, however there is very little evidence to indicate this immunity will be long-lasting unless a full course of hepatitis B vaccinations was completed. If student is unable to provide age-appropriate dose dates, and is uncertain about their vaccination history, a booster dose may be recommended.</i> | | | | |
| FURTHER REQUIREMENT IF STUDENT IS NOT IMMUNE POST PRIMARY VACCINATION COURSE | | | | |
| | <input type="radio"/> Non-Immune to Hepatitis B post primary vaccination course. Complete Hepatitis B Supplementary Doses section below | | | |
| Hepatitis B Supplementary Doses (if required due to non-seroconversion post primary vaccination course) <i>Please refer to non-responder's regime in Australian Immunisation Handbook: Non responders to primary course of Hepatitis B vaccinations in whom chronic hepatitis b has been excluded are recommended initially to receive a further booster dose and serological testing at a minimum of 4 weeks post booster.</i> | Follow up dose date/s: | <div style="border: 1px solid black; padding: 5px; display: inline-block;">THEN</div> Follow up serology date: Please enter antibody level or attach laboratory result. Anti-HBs or HBsAb result: _____ mIU/mL | | Further Comments: |

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|---|---------|-----------------------|--|------------|-------------|
| Student Name: (BLOCK LETTERS) | Surname | | | First Name | Other Names |
| Student Number: | | Date of Birth: | | | |

Section 3: Exposure-prone Procedures Statement

Exposure prone procedures (EPPs) are procedures where there is a risk of injury to the Healthcare Worker (HCW) resulting in exposure of the patient’s open tissues to the blood of the HCW. These procedures include those where the HCW’s hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient’s open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

Student HCWs who will be performing EPPs must be tested for blood borne viruses (BBVs) in accordance with [Australian National Guidelines for the Management of Healthcare Workers Living with blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses - 2019](#). Testing must take place within 12 months before commencement of their program and repeated at least once every three years if performing EPPs. Students are also required to have appropriate and timely testing after potential BBV exposures, both occupational and non-occupational.

The follow up of test results is the responsibility of the medical practitioner who conducts the test. Student HCWs found to have a positive BBV test result should be counselled by their medical practitioner about appropriate management, and about potential impacts on future career options. The medical practitioner can seek advice from a specialist in BBVs or the relevant area of the jurisdictional health department. These students should receive education to ensure they understand their obligations.

Queensland Health will be the primary placement provider during enrolment. As per note 23 on the [Queensland Health Student Orientation Checklist](#), disclosing a HIV/HBV/HCV positive status will not preclude a student from being considered for a placement. However, the student will not be permitted to participate in any exposure prone procedure while on placement, which may impact course progression. The Immunisation Record Team will be in contact with the student regarding positive hepatitis B, C or HIV serology results.

Screening Verification Details

| Medical Practitioner | |
|--|---|
| I have screened this student for hepatitis B & C and HIV infection and the student is not infected on testing. <div>OR</div> | Doctor’s signature Date: |
| The student cannot safely perform EPP as confirmed by Infectious Diseases physician,Gastroenterologist, Hepatologist or Occupational Medicine Physician. <div>OR</div> | Doctor’s signature Date: |
| An Australian registered Infectious Diseases physician, Gastroenterologist, Hepatologist or Occupational Medicine Physician has certified that further testing has confirmed that the student is able to safely perform EPP. <div>OR</div> | Doctor’s signature Date: |
| Additional Comments as necessary. | |

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.

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| Student Name: (BLOCK LETTERS) | Surname | | | First Name | Other Names |
| Student Number: | | Date of Birth: | | | |

Section 4: 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.

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

Section 5: 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 proof of my status regarding testing for blood borne diseases.

In addition, as my study program does undertake exposure prone procedures (dentistry and midwifery), or can involve undertaking exposure prone procedures (medicine and nursing), I have read and understand the requirements of the [Australian National Guidelines for the Management of Healthcare Workers Living with blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses - 2019](#).

I agree to the following:

- Take reasonable steps to know my BBV status and be tested for BBVs at least once every three years if performing EPPs.
- Have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV infection.
- Have appropriate testing and follow up care after potential non-occupational exposure, with testing frequency related to risk factors for virus transmission
- Cease performing all EPPs if diagnosed with a BBV until the criteria in the [National Guidelines](#) have been met and formal advice has been sought according to the responsibilities of the healthcare worker with a BBV.

| | |
|---------------------------|--------------|
| Student Signature: | Date: |
| | |

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 completed documentation to [my.UQ](#) using the Submission Method on page 1