



<b>Student Name:</b> (BLOCK LETTERS)	Surname	First Name	Other Names
<b>Student Number:</b>		<b>Date of Birth</b> (dd/mm/yy):	
<b>Program of Study:</b>		<b>Year of Commencement</b> of Program	

## Section 1: Information

Healthcare workers (HCWs) including student HCWs **who are performing exposure prone procedures (EPPs)** must be tested for blood borne viruses (hepatitis B, hepatitis C and HIV) at least once every three years in accordance with 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 - 2018](#).

Further information is provided on the [Healthcare students who perform exposure prone procedures Information Sheet](#).

**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. E.g. dental surgical procedures, midwifery procedures such as episiotomy, caesarean birth etc.

The follow up of test results is the responsibility of the medical practitioner who conducts the test. If a student HCW receives a diagnosis of a BBV, they must immediately cease performing all EPPs and seek appropriate medical care. The student 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 should they wish to perform EPPs as part of their program.

## Section 2: Screening Verification Details

Medical Practitioner Statement	
I have screened this student for <b>hepatitis B &amp; C and HIV</b> infection and the student is not infected on testing. Testing for hepatitis B infection is not required provided immunity to hepatitis B infection has been demonstrated.	<b>Doctor's signature</b>  <b>Date:</b>
<b>OR</b>	
The student <b>cannot safely perform EPP</b> as confirmed by Infectious Diseases physician, Gastroenterologist, Hepatologist or Occupational Medicine Physician.	<b>Doctor's signature</b>  <b>Date:</b>
<b>OR</b>	
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.	<b>Doctor's signature</b>  <b>Date:</b>
<b>Additional Comments as necessary:</b>	

## Section 3: Medical Practitioner Declaration

I declare that the requirements specified above have been assessed and actioned for the student named on this form, in accordance with the EPP guidelines outlined in the student information section above.

<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 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 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:

- Be tested for blood borne viruses 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 acquisition.
- 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.

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## 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 form. 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 contact [immunisation@uq.edu.au](mailto:immunisation@uq.edu.au).

### 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>)