

Section 1: Information

Students enrolled in programs offered by our School 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 2015 update and Queensland Health policy. **Screening verification for specified blood borne diseases is also required – see section 3.** 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
Pertussis*, Diphtheria, Tetanus	Complete childhood vaccination course (CCV). Booster as adolescent/adult within last 10 years.
Measles*, Mumps* & Rubella*	2 doses at least one month apart or failing this a blood test showing immunity
Varicella (Chickenpox)*	Fully immunised (2 varicella vaccinations) or a blood test showing immunity
Influenza**	Date of vaccination (annual vaccination in autumn strongly recommended)
Hepatitis A	Not routinely required for 1 st year students. This vaccination may be required for 5 th year students prior to attending clinical placements in high risk countries or communities in rural & remote indigenous communities/frequent contact with children from rural & remote indigenous communities in NT, Qld, SA and WA
Hepatitis B*	Completed age appropriate immunisation course AND serology results confirming immunity
Screening for blood-borne* infectious diseases	Due to the increased risk of blood-borne pathogen transmission occurring during a dental procedure, the Dental Board of Australia stipulates that all dental practitioners must be aware of their infectious status for the blood-borne viruses Hepatitis B, Hepatitis C and HIV. School of Dentistry students are required to provide a statement from their doctor confirming their infectious status prior to enrolment and prior to clinical placements at commencement of year 3 and year 5 of the program-see attached statement
Tuberculosis (TB)*	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

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

This section must be completed by a medical practitioner

Name of disease	Acceptable evidence of protection	Tick	Date(s)
Diphtheria, Tetanus, Pertussis	One documented dose of DTPa vaccine within last 10 years (in addition to CCV)		Date ___/___/_____ Pertussis booster next due: ___/___/_____
Measles, Mumps, Rubella	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 ___/___/_____ OR Serology report confirms immunity to measles, mumps and rubella Report date ___/___/_____ Result:
	OR The student is immune to measles, mumps and rubella		
Chickenpox (varicella)	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 ___/___/_____ OR Serology report confirms immunity to varicella Report date ___/___/_____ Result:
	OR The student is immune to varicella		
Influenza	A dose of vaccine given annually is highly recommended		See Influenza ** notes above
Hepatitis A	Not routinely required – see table in section 1		
Tuberculosis	Screening test (skin test or blood test IGRA or Quantiferon gold for TB) in the last 2 years		Report date ___/___/_____ Result: Comment
Hepatitis 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>) AND has produced protective antibodies against hepatitis B		Dose 1 ___/___/___ Report Date: ___/___/___ Dose 2 ___/___/___ Result: Dose 3 ___/___/___ (surface antibody level must be included)
	OR 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 ___/___/_____ Dose 3 ___/___/_____
	OR Not susceptible to hepatitis B. <i>Evidence of previous hepatitis B exposure shown on serology</i>		Evidence sighted – date ___/___/_____ Student referred to UQ Health Care for advice and cannot perform EPP until medical clearance is obtained – see section 3.

Section 3: Exposure-prone Procedures Statement

To be completed by a medical practitioner

An exposure-prone procedure (EPP) is a procedure where there is a risk of injury to the Health Care Worker (HCW) resulting in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker'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.

Blood borne Infectious disease screening and fitness to perform exposure prone procedures

Healthcare workers **must not** perform exposure prone procedures if they are:

- HB e Antigen positive or HBV DNA positive (using an approved sensitive real time PCR assay)
- HCV RNA positive (by PCR or similar test)
- HIV antibody positive (even if virus levels become undetectable on appropriately monitored anti-retro-viral therapy)

References

- *Australian National Guidelines for the Management of Health Care Workers known to be infected with blood-borne viruses. Australian Communicable Diseases Network 28 February 2012*
- *Management of Human Immunodeficiency Virus (HIV), Hepatitis B Virus, and Hepatitis C Virus Infected Health Care Workers. Centre for Healthcare Related Infection Surveillance and Prevention & Tuberculosis Control – Guideline. Version 2, April 2013.*

Screening Verification Details

Medical Practitioner Statement	
I have screened this student for hepatitis B & C and HIV infection and either the student is not infected on testing, or 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.	Doctor's signature Date
OR	
The student cannot safely perform EPP as confirmed by Infectious Diseases physician, Gastroenterologist, Hepatologist or Occupational Medicine Physician.	Doctor's signature Date
Additional Comments as necessary:	

Section 4: 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 the School of Dentistry. 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 School of Dentistry's 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.

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

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

School of Dentistry Submission method: hardcopy or email The University of Queensland Level 5, Oral Health Centre (#883) Cnr Bramston Terrace and Herston Roads Herston, QLD 4029 AUSTRALIA	✉ dentistry@enquire.uq.edu.au ☎ +61 7 3365 8022 🌐 habs.uq.edu.au/placement-ready
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Section 6: For Office Use Only

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

Immunisation Record

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

* Students that have not attained Hepatitis B Immunity should be referred to UQ Healthcare for further specialist advice.

Exposure Prone Procedure Statement

EPP statement satisfactory:	Yes / No	Date verified:	
Name of office worker:		Signature:	

* Students that have not attained a satisfactory EPP statement should be referred to UQ Healthcare for further specialist advice.

If 'NO' to either of the above, further action is required, and details must be provided in Section 7.

Section 7: Outstanding Requirements

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

Details of follow-up action taken by School

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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>