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. 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.

<table>
<thead>
<tr>
<th>Name of disease</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pertussis*, Diphtheria, Tetanus</td>
<td>Complete childhood vaccination course (CCV). Booster as adolescent/adult within last 10 years.</td>
</tr>
<tr>
<td>Measles*, Mumps* &amp; Rubella*</td>
<td>2 doses at least one month apart or failing this a blood test showing immunity</td>
</tr>
<tr>
<td>Varicella (Chickenpox)*</td>
<td>Fully immunised (2 varicella vaccinations) or a blood test showing immunity</td>
</tr>
<tr>
<td>Influenza**</td>
<td>Date of vaccination (annual vaccination in autumn strongly recommended)</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>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</td>
</tr>
<tr>
<td>Hepatitis B*</td>
<td>Has completed an age appropriate hepatitis B course OR Immune to hepatitis B OR currently being vaccinated against hepatitis B OR not susceptible to hepatitis B</td>
</tr>
<tr>
<td>Tuberculosis (TB)*</td>
<td>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.</td>
</tr>
</tbody>
</table>

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 or access to clinics will not be permitted unless this record is complete.
### Section 2: Evidence of Vaccination / Immunisation

<table>
<thead>
<tr>
<th>Name of disease</th>
<th>Acceptable evidence of protection</th>
<th>Tick</th>
<th>Date(s)</th>
</tr>
</thead>
</table>
| 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)  
  OR  
  The student is immune to measles, mumps and rubella | | Dose 1____/____/______  
  Dose 2____/____/______  
  OR  
  Serology report confirms immunity to measles, mumps and rubella  
  Report date____/____/______  
  Result: |
| 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)  
  OR  
  The student is immune to varicella | | Dose 1____/____/______  
  Dose 2____/____/______  
  OR  
  Serology report confirms immunity to varicella  
  Report date____/____/______  
  Result: |
| 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 | The student has been fully vaccinated *please write in dose dates* or has produced protective antibodies against hepatitis B.  
  OR  
  The student is currently undergoing vaccination against hepatitis B (and will complete the 3 dose schedule). Please write in dose dates.  
  OR  
  Not susceptible to hepatitis B. Evidence of previous hepatitis B exposure shown on serology | | Dose 1____/____/______  
  Dose 2____/____/______  
  OR  
  Report Date:____/____/______  
  Dose 3____/____/______  
  Result:  
  Dose 1____/____/______  
  Dose 2____/____/______  
  Dose 3____/____/______  
  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 the School of Psychology. The student has been made aware of any vaccination or serology follow up in relation to completing the requirements of this form.

<table>
<thead>
<tr>
<th>Name of Medical Practitioner/ Provider number</th>
<th>Contact Details or Practice stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature: _______________________________  Date: ______________

Is further follow up required? Please insert details;

Section 4: Student Declaration

I understand the School of Psychology’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 in relation to any required vaccinations as necessary.

<table>
<thead>
<tr>
<th>Student Name: (BLOCK LETTERS)</th>
<th>Surname</th>
<th>First Name</th>
<th>Other Names</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Phone No.: __________________________  Email: _______________________

Student Number: ______________________  Year of Program:  ☐ 1st  ☐ 2nd  ☐ 3rd  ☐ 4th

Signature: ___________________________  Date: ______________

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

School of Psychology

Submission method: online only (via InPlace).

Students are required to submit all placement documents through UQ’s placement management system, InPlace.

You can access InPlace via your my.UQ dashboard, or through the my.UQ Manage My Program page.

Check ‘Staff and Students’ on the InPlace homepage and log in using your UQ student login details.

For assistance submitting your documents via InPlace, contact:

✉ pg.psychology@enquire.uq.edu.au
📞 +61 7 3365 6230
💻 habs.uq.edu.au/placement-ready
Section 5: For Office Use Only

Student Name:
(BLOCK LETTERS)

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Other Names</th>
</tr>
</thead>
</table>

Student Number:  

Year of Program:  
☐ 1st  ☐ 2nd  ☐ 3rd  ☐ 4th

Immunisation Record

<table>
<thead>
<tr>
<th>Immunisation record complete:</th>
<th>Yes  /  No</th>
<th>Date verified:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of office worker:</th>
<th>Signature:</th>
</tr>
</thead>
</table>

* 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 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