

# Immunisation & Health Record Form

I hereby request and give consent for the doctor/registered nurse identified below to complete this form in relation to my health information. I understand that all blood tests & vaccines will be privately billed as Medicare does not cover course-related tests.

Student name:

Student DOB:

Student signature:

Date:

## Student Note:

Students enrolled in medicine, dentistry, oral health therapy, periodontology and nursing and midwifery may undertake exposure prone procedures throughout the course of their study. Students enrolled in these programs **MUST** also complete the *Exposure Prone Procedure Declaration Form*.

## DOCTOR/REGISTERED NURSE INSTRUCTIONS

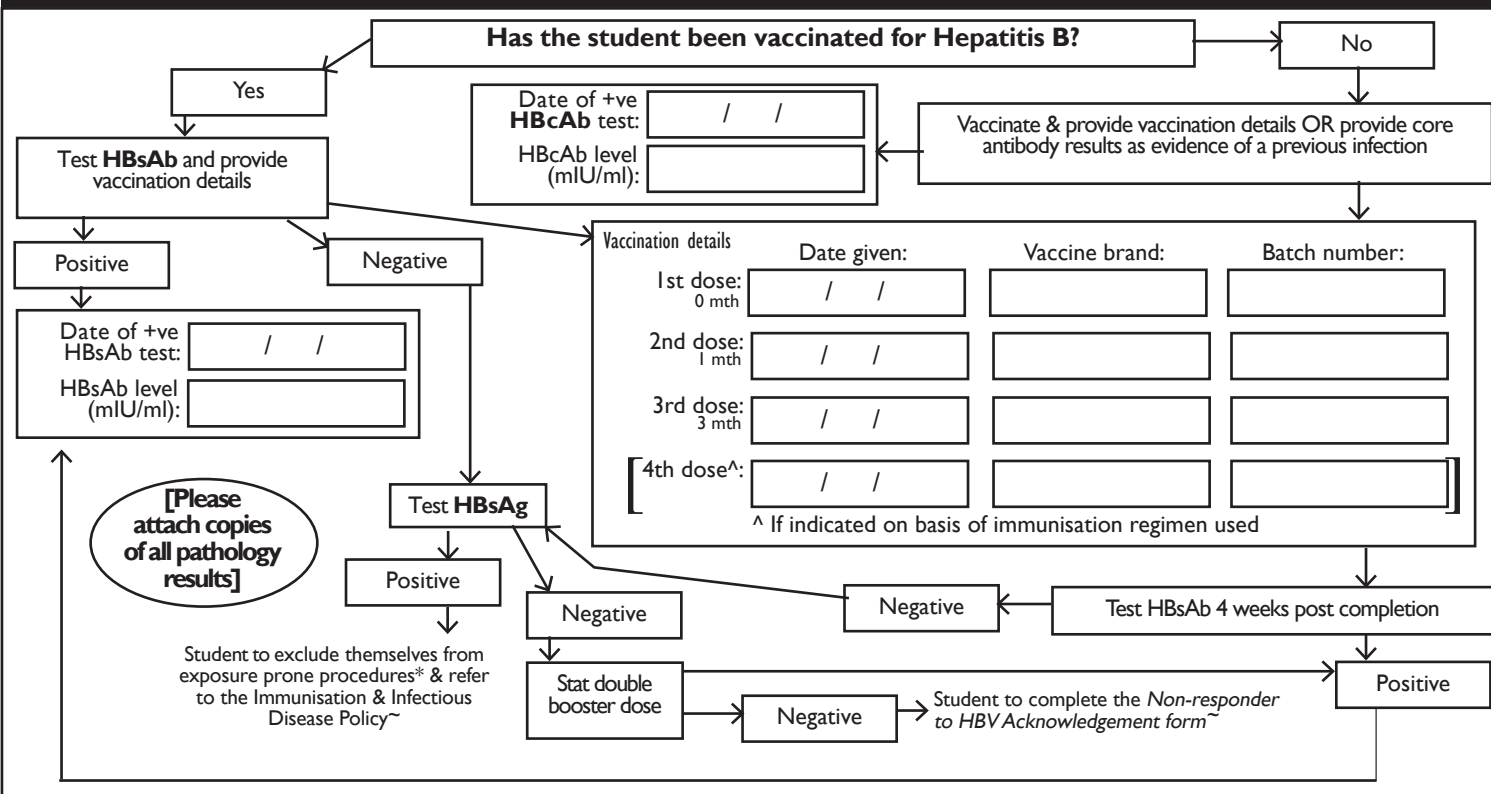
### How to fill out this form:

- Please complete sections 1 to 9 (pages 1 and 2) otherwise the student will not be able to enrol in a course with a placement, nor attend placements. Please attach pathology results to the form where requested.
- Provide the student with the completed form and attached pathology results.

### Notes

- Vaccine batch numbers are recommended, however, if a student has been vaccinated in the past and batch numbers were not recorded, serology results to confirm immunity are sufficient and should be attached to this form. The exception is dTpa, for which serology results will not be accepted (i.e. only evidence of dTpa vaccination is accepted).
- Students should be vaccinated in accordance with the recommendation of the current edition of the National Health and Medical Research Council *Australian Immunisation Handbook*.
- An accelerated Hepatitis B schedule of vaccination is not recommended as the course will not be completed until the 4th dose at 12 months and NSW Health does not accept an accelerated schedule for vocational placement. In accordance with the Australian Immunisation Handbook, 9th ed, page 153, the minimum recommended Hepatitis B vaccination schedule is 0 (first dose), 1 month (second dose) and 3 months (third dose), with serology testing undertaken one month after the third dose (i.e. 4 mth).
- ~ Students can find the Immunisation & Infectious Disease Policy and Non-responder to HBV Acknowledgement form online at [www.griffith.edu.au/health/placement-essentials](http://www.griffith.edu.au/health/placement-essentials)
- \* Exposure prone procedures (EPPs) are a subset of invasive procedures characterised by "potential for contact between the skin (usually finger or thumb) of the health care worker and sharp surgical instruments, needles or sharp tissues (splinters/pieces of bone/tooth) in body cavities or in poorly visualized or confined body sites including the mouth." (NSW Health (2007) Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases [http://www.health.nsw.gov.au/policies/pd/2007/PD2007\\_006.html](http://www.health.nsw.gov.au/policies/pd/2007/PD2007_006.html))
- The requirements of this form comply with the NSW Health Occupational Assessment, Screening and Vaccination Policy and the QH Policy: Immunisation of Healthcare Workers.

## SECTION 1 Hepatitis B (HBV)



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## SECTION 2 Varicella

The student must have a history of clinical chickenpox; or proof of **either**

- shingles diagnosed by a doctor; or
- positive varicella IgG serology; or
- received two doses of varicella vaccine, at least four weeks apart.

Approximate date of clinical chickenpox: / /

Date of +ve varicella IgG: / /

OR

OR

Approximate date of clinical shingles: / /

[Please attach copies of pathology results]

OR

1st dose: Date given: / /

Vaccine brand: /

Batch number: /

2nd dose: / /

/

/

## SECTION 3 Diphtheria, Tetanus & Pertussis

Documentation of a dose of adult dTpa vaccine is required. (boostrix) Date of dTpa dose: / / Vaccine brand: / Batch number: /

## SECTION 4 Measles, Mumps & Rubella

A student must have positive IgG serology for all three infections **or** have received **TWO** doses of MMR vaccine.

Please tick if born before 1966

☐

AND

Date of +ve measles IgG: / /

Date of +ve mumps IgG: / /

Date of +ve rubella IgG: / /

[Please attach copies of all 3 pathology results]

OR

Date of 1st MMR vaccine: / /

1st MMR vaccine batch number: /

Date of 2nd MMR vaccine: / /

2nd MMR vaccine batch number: /

## SECTION 5 Tuberculosis Skin Test

Please refer students to the QLD TB control centre 07 3896 3955. Students should attach the TB control centre result certificate to this form.

Date of Mantoux reading: / /

Result (mm): /

If elected, date of BCG vaccine: / /

BCG vaccine is optional.

## SECTION 6 Hepatitis A

Hepatitis A vaccination is optional. Please discuss risk with student.

Date of 1st vaccine dose: / /

Date of 2nd vaccine dose: / /

Date of 3rd vaccine dose: / /

## SECTION 7 Influenza

An annual flu vaccine is recommended.

## SECTION 8 Latex allergy

Latex allergy (circle) YES / NO

## SECTION 9 Completing doctor/registered nurse details

Name (PLEASE PRINT)

Practice name

Suburb or locality of practice

Qualifications

Phone number

Section(s) of form completed:

Signature

Date: / /

Any additional completing doctors/registered nurses should provide the information requested in this section on a duplicate form or as an attachment to this form.

Student name: /

Student ID #: /