

## Immunisation Verification Form

- Students can find the information concerning immunisation requirements at the Department of Health website.  
<http://www.health.vic.gov.au/immunisation/resources/health-care-workers-guide.htm>
- Federation University complies with the Privacy and Data Protection Act 2014 and the Health Records Act 2001 in regards to the handling of health information. Federation University respects the privacy of your personal information. We are collecting your personal health and information so we can offer you a placement. We will hold and release this information to the relevant placement agencies only. If you choose not to provide this information, you may not be offered a placement by a health agency.

### Applicant declaration

I hereby request and give consent for the doctor/ registered nurse to complete this form in relation to my health information. I understand that I shall be responsible for all costs associated with meeting immunisation and health requirements. I agree to comply with the immunisation requirements specified by Federation University as outlined within this form and in any 'Student Placement Handbook' / 'Immunisation Policy' as amended. I agree that if any test(s) for blood-borne viruses is/are positive or if I am non-responsive to immunisation I will arrange for review and /or seek the regular care of a specialist infectious Disease Physician. I declare that to the best of my knowledge this form/vaccination schedule is an accurate record of my infection and immunisation status.

**Student ID:**
**Student Name:**
**Student date of birth:**
**Signed**
**Date**

### Doctor/Registered Nurse Instructions – how to fill out this form

- Please complete each section in order for this student to attend clinical placements.
- Please attach copies of all serological reports and immunisation records to the completed form and return to the student.

Infectious Disease	Evidence of Immunisation	Adult Vaccination Schedule – Dates		
Diphtheria, Tetanus & Pertussis	Documented dose of adult dTpa vaccine within the last 10 years	Date of dTpa:	/	/
Varicella	The student must have had:	Approx. date of clinical chickenpox	/	/
	<input type="checkbox"/> Shingles diagnosed by a doctor; or	Approx. date of clinical shingles	/	/
	<input type="checkbox"/> Positive varicella 1gG serology; or	Date of +ve Varicella 1gG	/	/
	Received two doses of varicella vaccine, at least four weeks apart	Date 1 <sup>st</sup> dose given	/	/
Hepatitis B	Documented history of 3 injections and evidence of blood levels >10mIU/ml after vaccinations is required <b>AND</b>	1 <sup>st</sup> dose 0 month	2 <sup>nd</sup> dose 1 month	3 <sup>rd</sup> dose 4-6 months
	Serology	Date of +ve HBsAb test	/	/
	<b>OR</b> Provide core antibody results as evidence of a previous infection	Date of +ve HBsAb test	/	/
<b>Non-Responders to Primary Vaccination</b>		The student that has not developed a protective level of Hep B surface antibodies after a course of immunisations and/or boosters must arrange appropriate review at the University Health Service.		

Measles, Mumps and Rubella	Date of +ve Measles	/ /	Result:	
	The student must have a positive 1gG serology for all three infections	Date of +ve Mumps	/ /	Result:
		Date of +ve Rubella	/ /	Result:
	<b>OR</b> Have received two doses of MMR vaccine	Date 1 <sup>st</sup> MMR vaccine	/ /	Date 2 <sup>nd</sup> MMR vaccine / /
<b>OR</b> Please tick if born before 1966				
Polio	Childhood Vaccination (Please check one box)	Evidence sighted		Declaration by student
	<b>OR</b> Primary Vaccination of adult	Date 1 <sup>st</sup> dose given	Date 2 <sup>nd</sup> dose given	Date 3 <sup>rd</sup> dose given
		/ /	/ /	/ /
Influenza	An annual vaccine is required	Date of vaccine: Year 1	Date of vaccine: Year 2	Date of vaccine: Year 3
		/ /	/ /	/ /
Covid-19		Date of vaccine: 1st Dose	Date of vaccine: 2 <sup>nd</sup> Dose	Date of Booster
		/ /	/ /	/ /
Tuberculosis Test	Completed once. Preferably Quantiferon Gold	Date of Quantiferon Gold reading		
		/ /	Result	
	<b>OR</b>	Date of Mantoux reading	Result	
		/ /	Result	

**Comments**

### Completing Doctor or Nurse details

<b>Name</b>	<b>Registration/Qualification Number</b>
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### Medical Practitioner Declaration (Please tick A, B or C)

- A**      The student is fully immunised as per the requirements of this immunisation form.
- B**      The student is not fully immunised as per the requirements of this immunisation form but has commenced a course of immunisation for outstanding immunisation requirements and has agreed to complete this course.
- C**      The student is not fully immunised as per the requirements of this immunisation form and has not commenced a course of immunisation for outstanding immunisation requirements.

Stamp: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_