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Immunisation & Health Record Form

I hereby request and give consent for the doctor/registered nurse identified in Section 9 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:

Doctor/Registered Nurse Instructions – How to fill out this form

- Please complete sections 1 to 10: ESSENTIAL to enable a student to attend clinical placements.
- Students can find the Immunisation & Infectious Disease Guideline online at www.latrobe.edu.au or further information can be obtained through the Department of Health at <http://www.health.vic.gov.au/immunisation/resources/health-care-workers-guide.htm>
- Latrobe University complies with the Privacy and Data Protection Act 2014 and the Health Records Act 2001 in regards to the handling of health information. La Trobe University respects the privacy of your personal information. We are collecting your personal and health information so we can offer you a placement, we will typically disclose this information to our health placement agencies. If you choose not to provide this information, then you may not be offered a placement by a health agency. You may have the right to access the personal information we hold about you, subject to any exemptions in relevant laws, by contacting the Co-ordinator Placement Operations on 03 9479 5865.

Please attach all serological reports and immunisation records to the completed form and return to the student

Notes

- Students should be vaccinated in accordance with the recommendation of the current edition of The Australian Immunisation Handbook 10th Ed.
- In accordance with The Australian Immunisation Handbook 10th Ed, the minimum recommended Hepatitis B vaccination schedule is 0 month (first dose), 1 month (second dose) and 4-6 months (third dose), with serology testing undertaken one month after the third dose.
- An Exposure Prone Procedures (EPP) is a procedure where there is a risk of injury to the Health Care Worker 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. <http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm>
- Blood-borne viruses (BBVs) are those viruses that are transmitted from the blood of one person to the blood of another person. Of particular concern are Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV). Students must be aware of their HIV & Hep C status.
- Tuberculosis Testing: Mantoux test is required for all placements outside Victoria. Both Mantoux or Quantiferon Gold are accepted for Victorian placements.

Section 1 – Hepatitis B (HBV)

Documented history of 3 injections and evidence of blood levels >10mIU/ml after vaccinations is required

Adult Vaccination Schedule

Date given:	1 st dose: 0 mth	<input type="text"/> / <input type="text"/> / <input type="text"/>	2 nd dose: 1 mth	<input type="text"/> / <input type="text"/> / <input type="text"/>	3 rd dose: 4-6 mths	<input type="text"/> / <input type="text"/> / <input type="text"/>
Vaccine brand:	<input type="text"/>		<input type="text"/>		<input type="text"/>	
Batch No:	<input type="text"/>		<input type="text"/>		<input type="text"/>	

AND SEROLOGY

 Date of +ve HBsAb test: / /

 HBsAb level (mIU/ml)

OR Provide core antibody results as evidence of a previous infection

Date of +ve HBcAb test:	<input type="text"/> / <input type="text"/> / <input type="text"/>
HBcAb level (mIU/ml):	<input type="text"/>

Student should be tested for HBsAg and if positive are to be excluded from Exposure Prone Procedures

Refer to Immunisation and Infectious Diseases policy

Non-Responder to Primary Vaccination

Refer to non-responders to primary vaccination, Section 4.5.7, The Australian Immunisation Handbook 10th edition

Persons who do not respond to the primary vaccination course and in whom chronic HBV infection has been excluded, should be offered further doses

A GP letter to be provided confirming further doses and serological testing as recommended for non-responders

Section 2 – Hepatitis A

Hepatitis A vaccination	Date of 1 st vaccine dose:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date of 2 nd vaccine dose:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date of 3 rd vaccine dose:	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Date of +ve HepA IgG:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Result:	<input type="text"/>	3rd dose only applies if having combination Hep A/Hep B vaccines	

Section 3 - Varicella

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

- Shingles diagnosed by a doctor; or
- Positive varicella 1gG serology; or
- Received two doses of varicella vaccine, at least four weeks apart

Approximate date of clinical chickenpox:

 / /

OR

Approximate date of clinical shingles:

 / /

OR

Date of +ve Varicella 1gG

 / /

Result:

OR

	Date given:	Vaccine brand:	Batch No:
1 st dose:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
2 nd dose:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

Section 4 – Diphtheria, Tetanus & Pertussis

Documentation of a dose of **adult dTpa** vaccine is required (Boostrix or Adacel, not ADT)

Date of dTpa:

 / /

Vaccine brand:

Batch number:

Booster required if 10 years has lapsed since previous dose

Section 5 - Polio

Polio documented primary course (Childhood Immunisation)

 / /

1st dose

 / /

2nd dose

 / /

3rd dose

plus

 / /

Booster

OR

Primary Vaccination of Adult
3 doses of IPV vaccine

 / /

1st dose

 / /

2nd dose

 / /

3rd dose

Section 6 – Measles, Mumps & Rubella

A student must have positive 1gG serology for all three infections or have received TWO doses of MMR vaccine.

Please tick if born before 1966

OR

Date of 1st MMR vaccine

 / /

1st MMR vaccine batch number

Date of +ve Measles 1gG:

 / /

Result:

Date of +ve Mumps 1gG:

 / /

Result:

Date of +ve Rubella 1gG:

 / /

Result:

Section 7 – Tuberculosis Test

Date of Mantoux reading:

 / /

Result:

OR

Date of Quantiferon Gold reading:

 / /

Result:

For any non Victorian placement, a Mantoux test is required

Section 8 – Influenza

An annual flu vaccine:

Date of vaccine:

 / /

Section 9 – Completing Doctor or Nurse details:

Name	Practice name	Suburb or locality of practice
<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualifications/Registration number	Phone number	Section(s) of form completed
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Date	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	