

# Immunisation & Health Record

## About this form

The information collected in this form is used to offer you (the student) a clinical placement. La Trobe University will typically disclose this information to our health placement agencies. If you choose not to provide this information you may not be offered a placement. You may have the right to access the personal information we hold about you, subject to any exemptions in relevant laws, by contacting your Discipline Placement Officer.

La Trobe University respects the privacy of your personal information and complies with the Privacy and Data Protection Act 2014 and the Health Records Act 2001 when handling health information.

## Note on blood-borne viruses

Blood-borne viruses (BBVs) are those viruses that are transmitted from the blood of one person to the blood of another person, particularly: **Hepatitis B Virus (HBV)**, **Hepatitis C Virus (HCV)** & **Human Immunodeficiency Virus (HIV)**. For the purposes of clinical placement, your safety and the safety of staff and patients, you must be aware of your HCV & HIV status, however you are not required to disclose it except in the event of exposure or for a Dentistry related placement.

### For more information please visit:

[health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses](http://health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses)

## Student declaration

I hereby request and give consent for the doctor/registered nurse identified in this form 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 number

Date of birth

Full name

Signature

## Doctor/Registered Nurse instructions

Thank you for your assistance preparing our students for their clinical placement. Please complete all sections of this form as proof of immunisation status for the conditions outlined. Students should be vaccinated in accordance with the recommendation of the current edition of The Australian Immunisation Handbook.

If this form is incomplete upon its submission date, please place a line through any incomplete items and sign the form so that it can be submitted. Evidence for any vaccines

administered after the submission date should be provided as an immunisation record from the practice or clinic where it was received. Serology reports will need to be provided for any testing undertaken after that time.

**Updates or amendments to this form after the signed date can not be accepted.**

**Please also attach all serological reports and immunisation records to the completed form.**

Full name of Completing AHPRA Registered Doctor/Nurse

Qualifications/Registration number

Contact phone

Practice name

Suburb/locality of practice

## I. Hepatitis B

Please provide either dates of a full course of vaccination **AND** a serology report **OR** core antibody results as evidence of a previous infection. Attach any supporting documentation to this form.

### Vaccination course

#### Course type

Adolescent course (2 doses)

Paediatric/adult course (3 doses)

#### 1st dose date

#### Brand

#### Batch no. (if known)

#### 2nd dose date

#### Brand

#### Batch no. (if known)

#### 3rd dose date

#### Brand

#### Batch no. (if known)

**AND**

### Serology (Positive HBsAb test)

#### Date of test

#### Result

HBsAb level  
(mIU/ml)

**OR**

### Core antibody results (HBcAb test as evidence of a previous infection)

#### Date of test

#### Result (Please mark either Immune or Not Immune with an X)

Immune  Not Immune

HBcAb level  
(mIU/ml)

#### Non-Responder to Primary Vaccination

Refer to non-responders to primary vaccination, Section 4.5.7 in the current edition of The Australian Immunisation Handbook. 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.

## 2. Varicella

Please provide either dates of a full course of vaccination **OR** a serology report. Attach any supporting documentation to this form.

### Vaccination course

#### 1st dose date

#### Brand

#### Batch no. (if known)

#### 2nd dose date

#### Brand

#### Batch no. (if known)

**OR**

### Serology (Varicella IgG test)

#### Date of test

#### Result (Please mark with an X)

Positive  Negative

### 3. Diphtheria, Tetanus & Pertussis

Please provide date of a booster dTpa vaccine (**NOT** ADT). The vaccine must cover Diphtheria, Tetanus and Pertussis and must have been received within the last 10 years. Attach any supporting documentation to this form.

#### Vaccination course

<b>Booster dose date</b>	<b>Brand</b>	<b>Batch no.</b> (if known)
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text"/>	<input type="text"/>

### 4. Measles, Mumps & Rubella

Please provide either a serology report for all three infections **OR** dates of a full course of vaccination. Students attending a Paramedicine placement must provide serology. Attach any supporting documentation to this form.

#### Measles serology

**Date of test**

     

**Result** (Please mark with an X)

Positive       Negative

Borderline

#### Mumps serology

**Date of test**

     

**Result** (Please mark with an X)

Positive       Negative

Borderline

#### Rubella serology

**Date of test**

     

**Result** (Please mark with an X)

Positive       Negative

Borderline

**OR** (Students attending a Paramedicine placement **MUST** provide serology)

#### Vaccination course

<b>1st dose date</b>	<b>2nd dose date</b>	<b>Booster dose date</b> (if required)
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
<b>Brand</b>	<b>Brand</b>	<b>Brand</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Batch no.</b> (if known)	<b>Batch no.</b> (if known)	<b>Batch no.</b> (if known)
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 5. Tuberculosis

Please provide Quantiferon Gold test results. If your placement is within NSW, you may provide Mantoux test results instead. Attach any supporting documentation to this form.

#### Test results

<b>Test type</b> (Please mark with an X)	<b>Date of test</b>	<b>Result</b> (Please mark with an X)
<input type="checkbox"/> Quantiferon Gold	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
<input type="checkbox"/> Mantoux		<input type="checkbox"/> Indeterminate

## 6. COVID-19

Please provide either dates of a full course of vaccination.  
Attach any supporting documentation to this form.

1st dose date

D	D	M	M	Y	Y
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Brand

2nd dose date

D	D	M	M	Y	Y
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Brand

1st booster dose date

D	D	M	M	Y	Y
---	---	---	---	---	---

Brand

2nd booster dose date

D	D	M	M	Y	Y
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Brand

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Updates or amendments to the form after the signed date cannot be accepted.

## Doctor/Registered Nurse authorisation

Signature of Completing AHPRA Registered Doctor/Nurse

Date

D	D	M	M	Y	Y
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