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Immunisation & Health Record Form

I hereby request and give consent for the doctor/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/Nurse Instructions—How to fill out this form

- Please complete the form in its entirety. All sections are 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 from the Department of Health [Immunisation Guidelines for Health Care Workers](#).
- La Trobe 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 Senior Coordinator Placement Operations on 03 9479 5726.

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).
- Tuberculosis Testing: [Tuberculosis testing is required for all placements, regardless of past immunisation history](#). Some NSW health facilities will only accept a Mantoux Skin Test. Either a Quantiferon Gold or Mantoux Skin Test is accepted for all Victorian placements.

Section 1—Hepatitis B

Both documented immunisation history AND evidence of blood levels >10mIU/ml to confirm immunity are required

PLEASE SPECIFY VACCINATION SCHEDULE:

2-dose adolescent course

OR

3-dose paediatric/adult course

Date given:	1st dose: 0 month	/ /	2nd dose: 1 month	/ /	3rd dose: 4-6 months	/ /
	Vaccine brand:	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
	Batch no:	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" 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:

 / /

HBcAb level (mIU/ml):

Student should be tested for HBsAg and if positive is to be excluded from Exposure Prone Procedures. Refer to Immunisation and Infectious Diseases policy.

Non-Responder to Primary Vaccination

Refer to advice for non-responders in [The Australian Immunisation Handbook 10th Edition: Hepatitis B](#)

Persons who do not respond to the primary vaccination course and in whom chronic HBV has been excluded should be offered further doses. A GP letter should be provided confirming further doses and serological testing as recommended.

Section 2—Hepatitis A

Date given:	Date of 1st dose:	/ /	Date of 2nd dose:	/ /	Date of 3rd dose:	/ /
	Vaccine brand:	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
	Batch no:	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>

3rd dose only applies if receiving a combination Hep A/Hep B vaccine

OR

SEROLOGY

Date of +ve Hep A IgG:

 / /

Result:

Note: Placement providers expect students to complete a full course of Hepatitis A immunisations. Once a course has been started, students are expected to finish it regardless of positive serology mid-way through the course. A single dose and positive serology will not be accepted.

Section 3—Varicella

Documented primary course
(2 doses of Varicella vaccine
at least 4 weeks apart)

Date of 1st dose: / /

Batch number:

Date of 2nd dose: / /

Batch number:

OR

Positive IgG serology for
Varicella

Date of +ve
Varicella IgG: / /

Result:

Section 4—Diphtheria, Tetanus & Pertussis

Documentation of a dose of **adult**
dTpa vaccine is required

Date of
dTpa: / /

Vaccine
brand:

Batch
number:

Must cover Diphtheria, Tetanus & Pertussis
ADT is NOT accepted

Booster is required if 10 years has lapsed since last dose

Section 5—Polio

Documented primary course
(Childhood Immunisation)

/ /

/ /

/ /

PLUS

/ /

OR

1st dose

2nd dose

3rd dose

Booster

Primary Vaccination of Adult
(3 doses of IPV vaccine)

/ /

/ /

/ /

Section 6—Measles, Mumps & Rubella

Documented primary course
(2 doses of MMR vaccine)

Date of 1st dose: / /

Batch number:

Date of 2nd dose: / /

Batch number:

OR

Date of +ve
Measles IgG: / /

Date of +ve
Mumps IgG: / /

Date of +ve
Rubella IgG: / /

Positive IgG serology for
all 3 infections

Result:

Result:

Result:

Section 7—Tuberculosis Test

A Tuberculosis Test is mandatory for all students regardless of past immunisation history. See Appendix 1 for more information.

Section 8—Influenza

A current year flu vaccine is required for every year in which placement is undertaken. See Appendix 2 for more information.

Section 8—Blood Borne Viruses

Hepatitis C: Date of serology: / /

Result (please circle): **Positive** OR **Negative**

Human Immunodeficiency Virus (HIV)
Antibody/Antigen combo (serum): Date of serology: / /

Result (please circle): **Positive** OR **Negative**

Section 9—Completing Doctor of Nurse details:

Name:

Practice name:

Suburb or locality of practice:

Qualifications/Registration Number:

Phone number:

Sections of form completed:

Signature:

Date: / /

Practitioners please note:

If the Immunisation and Health Record Form is incomplete at the time it is due, please place a line through any incomplete items and sign the form so that it can be submitted prior to the deadline provided to the student.

Evidence for any vaccines administered after that date should be provided in the form of 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 the Immunisation and Health Record Form after the date that it has been signed can not be accepted.