

# 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

# 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.

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

Full name of Completing AHPRA Registered Doctor/Nurse

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.

Qualifications/Registration number

Contact phone Practice name Suburb/locality of practice

# 1. Hepatitis B

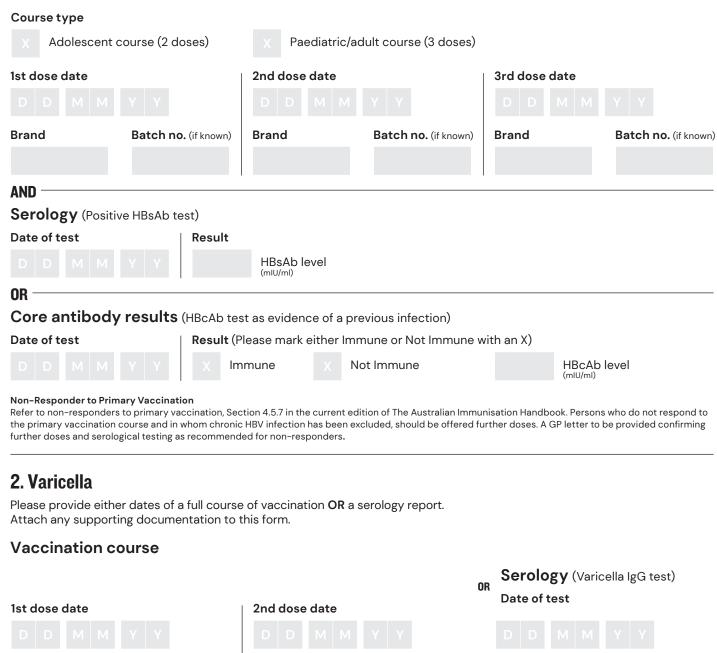
**Brand** 

Batch no. (if known)

**Brand** 

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



Batch no. (if known)

Result (Please mark with an X)

Negative

Positive

# 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

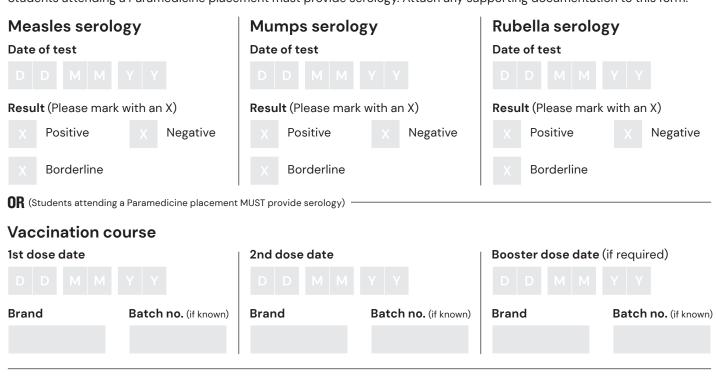
Booster dose date

Brand

Batch no. (if known)

# 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.



### 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**



# 6. COVID-19

Please provide date of 1 dose vaccination (unless otherwise required by your placement provider).

Brand  Brand  Brand  Brand  Brand  Brand  Brand	1st dose date	2nd dose date	1st booster dose date	2nd booster dose date				
Brand Brand Brand			D D M M Y Y					
	Brand	Brand	Brand	Brand				

Updates or amendments to the form after the signed date cannot be accepted. La Trobe students who are registered nurses are not permitted to complete or sign this section due to a potential conflict of interest.

# **Doctor/Registered Nurse authorisation**

Signature of Completing AHPRA Registered Doctor/Nurse		Date					