### Statement of Compliance: Faculty of Medicine Nursing and Health Sciences Immunisation Schedule

To be returned to your school/department by the required date as specified by your course of enrolment.

**NOTE:** You will **NOT** be permitted to commence any placements, including electives, without completion of this form with the appropriate supporting documentation as required.

Ensure you keep an electronic copy of the final set of reports and documents. Your school/department cannot provide a copy at a later date; evidence of immunisation status may be requested at any time by placement organisations.

This form is to be completed by a doctor from the University Health Service, Monash Infection Assessment Clinic, or your General Practitioner.

<table>
<thead>
<tr>
<th>Infectious Disease</th>
<th>Acceptable evidence to demonstrate protection</th>
<th>Tick</th>
<th>Date/s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, Tetanus &amp; Pertussis</td>
<td>One documented dose of adult dTpa vaccine within the last 10 years.</td>
<td>☐</td>
<td>Date:</td>
</tr>
<tr>
<td>Measles, Mumps &amp; Rubella</td>
<td>Student is immune to Measles <strong>AND</strong> Student is immune to Mumps <strong>AND</strong> Student is immune to Rubella <strong>OR</strong> Documented evidence of 2 doses of MMR given at least 28 days apart (both doses must be given before signing form).</td>
<td>☐</td>
<td>Serology report given to student</td>
</tr>
<tr>
<td>Varicella</td>
<td>Student is immune to Varicella <strong>OR</strong> Documented evidence of 2 doses of varicella given at least 28 days apart (both doses must be given before signing the form).</td>
<td>☐</td>
<td>Serology report given to student</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Serology shows evidence of Hep A antibodies <strong>OR</strong> A course of 2 Hep A has commenced or been completed (at least 1 dose of Hep A must be given before signing form) <strong>OR</strong> A course of 3 Twinrix has commenced or been completed (at least 2 doses of Twinrix must be given before signing the form)</td>
<td>☐</td>
<td>Serology report given to student</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Serology report shows a protective level of Hep B surface antibodies (&gt; 10 IU/L) following completion of a primary course. <strong>OR</strong> A course of 3 Hep B or Twinrix has commenced (at least 2 doses must be given before signing form) <strong>AND</strong> outstanding requirements documented on page 2 (3rd Hep B and serology report given to student when due). <strong>OR</strong> The student has not developed a protective level of Hep B surface antibodies after a course of immunisation and/or boosters.</td>
<td>☐</td>
<td>Serology report given to student</td>
</tr>
</tbody>
</table>

The student has not developed a protective level of Hep B surface antibodies after a course of immunisation and/or boosters. **Require review by Infectious Diseases Specialist**
If any of the tests for infectious diseases (Hepatitis B surface antigen, Hepatitis C, HIV or Tuberculosis) are positive, the student must be referred to an Infectious Disease Specialist with a referral from the University Health Service.

**MEDICAL PRACTITIONER DECLARATION**

I have assessed the medical history and needs of the student and report the immunisation status as follows:

A: □ Student has completed **ALL** the requirements for placement and requires **NO** further vaccinations.

B: □ Student has commenced a course of Hep A and/or Hep B and has outstanding requirements as specified below.

- □ Hep A Dose 2 Date Due…………………… Date Given…………………… Dr Sign……………………
- □ Hep B or Twinrix Dose 3 Date Due……………… Date Given…………………… Dr Sign……………………
- □ Hep B Serology Date Due……………… Date Checked……………… Dr Sign………………

C: □ Student has been seen by an Infectious Diseases specialist and has a letter of support.

Signed:

Date:

Doctor’s Name and Stamp:

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**Student Declaration:** I have read, understand and agree to comply with the immunisation requirements specified in The Monash University, Faculty of Medicine Nursing and Health Sciences Vaccination and Immunisation Guidelines and I agree that if any test(s) for blood-borne viruses or TB is/are positive or if I am non-responsive to immunisation I understand that I will need ongoing medical care and supervision for this condition through the University Health Service or Monash Infection Assessment Clinic and that this could delay me from attending placements.

I agree to retain and produce my immunisation records for sighting by placement agencies when required.

Student’s Signature: ___________________________ Date: __ ___ / __ ___ / __ ___

Student Print Name: ___________________________