

FORM 1 IMMUNISATION COMPLIANCE

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.

Student's Name:

DOB:

Infectious Disease	Acceptable evidence to demonstrate protection	Tick	Date/s
Diphtheria, Tetanus & Pertussis	One documented dose of adult dTpa vaccine within the last 10 years.	<input type="checkbox"/>	Date:
Measles, Mumps & Rubella	Student is immune to Measles AND Student is immune to Mumps AND Student is immune to Rubella OR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Serology report given to student
	Documented evidence of 2 doses of MMR given at least 28 days apart (both doses must be given before signing form).	<input type="checkbox"/>	Dose 1: Dose 2:
Varicella	Student is immune to Varicella OR	<input type="checkbox"/>	Serology report given to student
	Documented evidence of 2 doses of varicella given at least 28 days apart (both doses must be given before signing the form).	<input type="checkbox"/>	Dose 1: Dose 2:
Hepatitis A	Serology shows evidence of Hep A antibodies OR	<input type="checkbox"/>	Serology report given to student
	A course of 2 Hep A has commenced or been completed (at least 1 dose of Hep A must be given before signing form) OR	<input type="checkbox"/>	Dose 1 given: Dose 2 given/due: Dose 3 given/due: (Twinrix only)
	A course of 3 Twinrix has commenced or been completed (at least 2 doses of Twinrix must be given before signing the form)	<input type="checkbox"/>	
Hepatitis B	Serology report shows a protective level of Hep B surface antibodies (> 10 IU/L) following completion of a primary course. OR	<input type="checkbox"/>	Serology report given to student
	A course of 3 Hep B or Twinrix has commenced (at least 2 doses must be given before signing form) AND outstanding requirements documented on page 2 (3rd HEP B AND SEROLOGY REPORT GIVEN TO STUDENT WHEN DUE). OR	<input type="checkbox"/>	Dose 1 given: Dose 2 given: Dose 3 given/due:
	The student has not developed a protective level of Hep B surface antibodies after a course of immunisation and/or boosters.	<input type="checkbox"/>	Require review by Infectious Diseases Specialist

Required Screenings	Doctor to provide student with results for the tests below	Tick	Date of test
Hepatitis B Surface Antigen*	The student has been screened for Hepatitis B surface antigen.	<input type="checkbox"/>	Date:
Hepatitis C *	The student has been screened for Hepatitis C.	<input type="checkbox"/>	Date:
HIV *	The student has been screened for HIV.	<input type="checkbox"/>	Date:
Tuberculosis *	The student has had a Gamma Interferon Test to screen for TB.	<input type="checkbox"/>	Date:

* 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:

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: _____