

This form must be completed by a doctor from the Monash Health Services or your General Practitioner, and submitted to the Professional Experience Office in the Faculty of Education by the required date, as specified by your course of enrolment.

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

Evidence of immunisation status may be requested at any time by placement organisations. Please keep electronic copies of your immunisations, as the PEO cannot provide them at a later date.

STATEMENT OF IMMUNISATION COMPLIANCE

Student's Name: _____		DOB: ___/___/___	
Disease	Acceptable evidence of protection	Tick	Date/s
Diphtheria, Tetanus and Pertussis	One documented dose of adult dTpa vaccine within the last 10 years.	<input type="checkbox"/>	Date: ___/___/___
Measles, Mumps and Rubella	Student is immune to Measles AND Student is immune to Mumps AND Student is immune to Rubella.	<input type="checkbox"/>	Serology report given to student
	OR	<input type="checkbox"/>	Dose 1: ___/___/___ Dose 2: ___/___/___
	Documented evidence of 2 doses of MMR given at least 28 days apart (Dose 1 must be given before placement, dose 2 can be given after placement).	<input type="checkbox"/>	

MEDICAL PRACTITIONER DECLARATION

I have assessed the medical history and immunisation status of the student and report that the student meets the requirements requested for placement.

Signature: _____ Date: ___/___/___

Name and stamp of the doctor / registered nurse: _____

STUDENT DECLARATION

I have read, understand and agree to comply with the immunisation requirements specified by the Monash University Faculty of Education.

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

Signature: _____ Date: ___/___/___