

## FORM 1 IMMUNISATION COMPLIANCE

**Statement of Compliance: Faculty of Education 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 or your General Practitioner.

**Student's Name:**
**DOB:**

Infectious Disease	Acceptable evidence to demonstrate protection	Tick	Date/s
<b>Measles, Mumps &amp; Rubella</b>	Student is immune to Measles <b>AND</b> Student is immune to Mumps <b>AND</b> Student is immune to Rubella  <b>OR</b>  Documented evidence of <b>2</b> doses of MMR given at least 28 days apart (Dose 1 must be given before placement, dose 2 can be given after placement).		<b>Serology report given to student</b>   <b>Dose 1:</b>  <b>Dose 2:</b>
<b>Diphtheria, Tetanus and Pertussis (dTpa)</b>	One documented dose of adult dTpa vaccine within the last 10 years.		Date:

**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: \_\_\_\_\_

Doctor / Registered Nurse's Name and Stamp: \_\_\_\_\_

**STATEMENT OF INFLUENZA COMPLIANCE**

Disease	Acceptable evidence to demonstrate protection	Tick	Date/s
<b>Influenza</b>	Please upload evidence of your Influenza vaccination on InPlace. A documented dose of current influenza vaccine has been sighted by the Faculty of Education.		Date:

**STATEMENT OF COVID-19 VACCINE COMPLIANCE**

Disease	Acceptable evidence to demonstrate protection	Tick	Date/s
<b>COVID-19</b>	Please upload evidence of your COVID-19 vaccination on InPlace. Three documented doses of COVID-19 vaccine has been sighted by the Faculty of Education.		Date:

**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.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Print Name: \_\_\_\_\_ Patient Demographics: Full Name

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