



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 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 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Serology report given to student |
| | OR | | |
| | 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 date: Dose 2 date: |
| Varicella | Student is immune to Varicella | <input type="checkbox"/> | Serology report given to student |
| | OR | | |
| | 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 date: Dose 2 date: |
| Hepatitis A * Record interim outstanding requirements on page 2 | Serology shows evidence of Hepatitis A antibodies | <input type="checkbox"/> | Serology report given to student |
| | OR | | |
| | INTERIM* : At <u>least 1 dose</u> of Hepatitis A given | <input type="checkbox"/> | Dose 1 date: |
| | COMPLIANT : 2 doses of Hepatitis A given | <input type="checkbox"/> | Dose 2 date: |
| | OR | | |
| Hepatitis B * Record interim outstanding requirements on page 2 | INTERIM* : At <u>least 2 doses</u> of Twinrix given | <input type="checkbox"/> <input type="checkbox"/> | Dose 1 date: Dose 2 date: |
| | COMPLIANT : 3 doses of Twinrix given | <input type="checkbox"/> | Dose 3 date: |
| | OR | | |
| | Serology report shows a protective level of Hepatitis B surface antibodies , according to the reference range of the laboratory. | <input type="checkbox"/> | Serology report given to student |
| | OR | | |
| INTERIM* : At <u>least 2 doses</u> of Hep B or Twinrix given | <input type="checkbox"/> <input type="checkbox"/> | Dose 1 date: Dose 2 date: | |
| | COMPLIANT : 3rd dose when due AND evidence of Hep B antibodies 1 month after 3rd dose | <input type="checkbox"/> | Dose 3 date: |
| | OR | | |
| The student has not developed a protective level of Hep B surface antibodies after a primary course and 3 boosters a month apart (Medical Practitioner can still sign the form, ticking the relevant boxes on page 2). | <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 or a GP.**

MEDICAL PRACTITIONER DECLARATION

I have ticked all of the relevant boxes above and provided dates where required. I have assessed the medical history and needs of the student and report the immunisation status below:

A: **COMPLIANT** - Student has completed **ALL** the requirements listed above and requires **NO** further vaccinations.

B: ***INTERIM COMPLIANCE** - 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 or are awaiting an Infectious Diseases specialist and has a letter of support which explicitly states that they support the student attending placement (also tick either A or B above).

SCHOOL/DEPARTMENT: If student referred to ID specialist, letter of support must be provided before they are verified as compliant.

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: Student ID: