



IMMUNISATION AND INFECTIOUS DISEASES TEST COMPLIANCE^a

Student Name:		DOB:
To be completed prior to placement		
Vaccination/Serology		Chronic Infection (test max 12 months old)
Diphtheria, Tetanus & Pertussis <i>within the last 10 years</i>	Date:	<i>If Positive/Indeterminate, need to see ID Specialist</i> Hepatitis B Surface Antigen:/...../..... <input type="checkbox"/>
Measles, Mumps & Rubella (MMR) <i>2 vaccines at least 28 days apart</i> <i>Ignore serology if vaccines are documented.</i>	D ₁ ^b : D ₂ : OR <input type="checkbox"/> MMR Positive Serology (<i>ALL of Measles, Mumps, Rubella must be positive</i>)	Hepatitis C Antibody:/...../..... <input type="checkbox"/>
Varicella (VZV) <i>2 vaccines at least 28 days apart</i> <i>Ignore serology if vaccines are documented</i>	D ₁ : D ₂ : OR <input type="checkbox"/> VZV Positive Serology	HIV Antibody:/...../..... <input type="checkbox"/>
		QuantiFERON-GOLD or Mantoux test:/...../..... <input type="checkbox"/>
To be started as below (but not necessarily completed) prior to placement		
Hepatitis A (Hep A) <i>At least 1 vaccine prior to placement</i>	D ₁ : D ₂ : (D ₃ if Twinrix): <input type="checkbox"/> Hep A Serology (<i>Serology not needed if vaccines are documented</i>)	OR
Hepatitis B (Hep B) ^c <i>Anti-HBs in range confirms immunity</i> <i>To complete - see footnote C or review the Australian Immunisation Handbook</i> <i>For interim, at least 2 Hep B vaccines when due prior to placement</i>	<input type="checkbox"/> Antibodies to Hepatitis B surface antigen (anti-HBs) in immune range <input type="checkbox"/> Hep B Vaccine D ₁ : D ₂ : D ₃ : If needed Booster Dose/s (D ₄): (D ₅ : D ₆): AND Antibodies Hepatitis B surface antigen in immune range <input type="checkbox"/> (must check Abs) <input type="checkbox"/> Referral ID physician (chronic infection, C/I vaccination, Hep B non-responder)	

PRACTITIONER DECLARATION (Australian Health Practitioner Agency (Ahpra) registered medical practitioner)

☐ **COMPLETE COMPLIANCE:** No further vaccines, tests or assessment needed

☐ **INTERIM COMPLIANCE:** ☐ Pending Hep A vaccination completion
☐ Pending Hep B serology +/- vaccination^c (for interim, at least 2 Hep B vaccines prior placement)

☐ **NON-COMPLIANCE: To see Infectious Diseases specialist** (e.g. chronic infection, contraindication vaccination)

Practitioner Name/Stamp:

Signature: Date:/...../..... Ahpra Registration number

☐ **COMPLETE COMPLIANCE (IF REQUIRED AFTER INTERIM/NON-COMPLIANCE ABOVE)**

☐ Hep A vaccination completion and /or ☐ Hep B serology immune. Date completed Hep A vaccine or Hep B test: ... /...../.....

☐ Infectious disease physician approval letter attached (Faculty to review and sign)

Practitioner Name/Stamp (Delegated Faculty Staff if ID letter):

Signature: Date:/...../..... Ahpra Registration number

STUDENT DECLARATION

- I agree to comply with CDNA Australian national guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses – see link on Ahpra website (includes guidelines on testing for Blood Borne Viruses and immunisation)
- I agree to comply with immunisation requirements specified in my Faculty's Immunisation Guidelines
- I understand if any test(s) for blood-borne viruses/TB are positive, or if I am non-responsive to Hepatitis B vaccination I need to see an Ahpra registered infectious disease (ID) specialist, and that this could delay me from attending placements
- I understand placements may require evidence of additional immunisation (e.g. influenza, COVID-19, polio)
- I agree to seek medical advice immediately if I am exposed to a risk of infection
- I will immediately notify the Faculty & Clinical Placement Provider (CPP) if during a placement my infection or immune status changes
- I have received a copy of this form and test results
- I agree to retain & produce evidence of this form for CPPs, and infection/immune status in some circumstances^a

Student Name	Student ID:	Signature:	Date:/...../.....
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- a) Return to school/department by required date as specified in course of enrolment. NOTE: You will NOT be permitted to commence any placements, including electives, without completed form & supporting documentation. Keep an electronic copy of form, serology & test results and if needed documents from ID specialist. This form may need to be provided to CPP. In some circumstances evidence of infection/immune status may be requested directly by CPP (in accordance with Standardised Student Induction Protocol). Your school/department cannot provide a copy of this form or any test results or letters.
- b) D₁ = date first vaccine dose given, D₂ = date second vaccine dose given, etc. Please use DD/MM/YYYY format for dates.
- c) If anti-HBs is non-immune (HBSAb <lab threshold, usually 10 IU/ml), confirm 3 vaccination doses given (at 0, 1 & 6 months) and not infected (review result HepB SAg); then give a 4th Hep B vaccine and check serology 4 weeks later. If still non-immune give a 5th and 6th dose 1 month apart and recheck serology 1 month after 6th dose. If still non-immune, is a HepB non-responder and needs to see an Infectious Disease (ID) Physician.