



### IMMUNISATION AND INFECTIOUS DISEASES TEST COMPLIANCE

**Return to school/department by required date as specified in course enrolment.**

**NOTE:** You will **NOT** be permitted to commence any placements, including electives, without completed form and supporting documentation.

Keep an electronic copy of the form, serology & test results and if needed documents from ID specialist. This form may need to be provided to the placement provider. In some circumstances evidence of infection/immune status may be requested directly by the placement provider (in accordance with the Standardised Student Infection Protocol). Your school/department cannot provide a copy of this form or any test results or letters.

*This form is to be completed by a doctor from the University Health Service or your General Practitioner (GP).*

*(In Australia this must be an Ahpra (Australia Health Practitioner Regulation Agency) registered medical practitioner).*

**Student's Name:**

**DOB:**

INFECTIOUS DISEASE	ACCEPTABLE EVIDENCE TO DEMONSTRATE PROTECTION	TICK	DATE(S) dd/mm/yyyy
<b>Diphtheria, Tetanus &amp; Pertussis</b>	One documented dose of adult <b>dTpa</b> vaccine within the last 10 years	<input type="checkbox"/>	Date:
<b>Measles, Mumps &amp; Rubella</b>	Student is immune to <b>Measles AND</b> Student is immune to <b>Mumps AND</b> Student is immune to <b>Rubella</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Serology report given to student</b>
	<b>OR</b>		
	Documented evidence of <b>2 doses of MMR</b> given at least 28 days apart (both doses must be given before signing form).	<input type="checkbox"/>	Dose 1 date: Dose 2 date:
<b>Varicella (VZR)</b>	Student is immune to <b>Varicella</b>	<input type="checkbox"/>	<b>Serology report given to student</b>
	<b>OR</b>		
	Documented evidence of <b>2 doses of varicella</b> given at least 28 days apart (both doses <b>must</b> be given before signing the form).	<input type="checkbox"/>	Dose 1 date: Dose 2 date:
<b>Hepatitis B</b>  (Anti-HBs in range confirms immunity. Refer to the footnote for details or review the Australian Immunisation Handbook)  Record interim outstanding requirements on page 2	Serology report shows a <b>protective level of Hepatitis B surface antibodies</b> , according to the reference range of the laboratory.	<input type="checkbox"/>	<b>Serology report given to student</b>
	<b>OR</b>		
	<b>INTERIM*</b> : At <b>least 2 doses</b> of Hep B containing vaccine	<input type="checkbox"/>	Dose 1 date:
	<b>COMPLIANT</b> : 3 doses Hep B vaccine (+ boosters if needed) <b>AND</b> evidence of Hep B antibodies 1 month after final dose	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Dose 2 date: Dose 3 date: <b>If Needed:</b> Dose 4 date: Dose 5 date: Dose 6 date:
<b>OR</b>			
	The student has <b>not developed a protective level of Hep B surface antibodies</b> after a primary course and 3 boosters a month apart (Medical Practitioner can still sign the form)	<input type="checkbox"/>	Require review by Infectious Diseases (ID) Specialist*
<b>SCREENINGS REQUIRED</b>	<b>Doctor to provide student with results for the tests below</b>	<b>Tick</b>	<b>Date of test (max 12 months old)</b>
Hepatitis B*	The student has been tested for Hepatitis B surface antigen	<input type="checkbox"/>	Date:
Hepatitis C *	The student has been tested for Hepatitis C antibody	<input type="checkbox"/>	Date:
HIV *	The student has been tested for HIV antibody	<input type="checkbox"/>	Date:
Tuberculosis (TB) *	The student has had a QuantiFERON-GOLD or Mantoux test	<input type="checkbox"/>	Date:

**\* If any of the tests for infectious diseases are positive or indeterminate, or the student is a Hep B non-responder, or has a contraindication, the student must be referred to an Infectious Disease Specialist by the University Health Service or GP.**

<p><b><u>PRACTITIONER DECLARATION</u></b>          (Australian Health Practitioner Agency (Ahpra) registered medical practitioner)</p> <p><input type="checkbox"/> <b>COMPLIANT: No further vaccines, tests or assessment needed</b>  <i>Meets requirements for dTpa, MMR, VZR, Hep B, <u>and</u>          Had required screenings, which show no infection</i></p> <p><input type="checkbox"/> <b>INTERIM COMPLIANCE:</b>  <i>Meets requirements for dTpa, MMR, VZR &amp; required screenings show no infection, but</i></p> <p style="margin-left: 20px;"><input type="checkbox"/> Pending Hep B Final Dose vaccine and Hep B Serology  <i>(must have had at least 2 Hep B vaccines for interim compliance)</i>          Final Dose Date Due .... / .... / ..... , Serology Date Due .... / .... / .....</p> <p><i>or</i></p> <p style="margin-left: 20px;"><input type="checkbox"/> Pending Hep B serology, Date Due .... / .... / .....</p> <p><input type="checkbox"/> <b>*NON-COMPLIANT: Student to see Infectious Diseases specialist</b>  <i>(e.g. infection, contraindication vaccination)</i></p>	<p><b>PRACTITIONER NAME &amp; STAMP</b></p> <p>Signature: _____          Date: ..... / ..... / .....</p> <p>Ahpra Registration number: _____</p>
<p><b><i>Complete this section only if required - i.e. after interim/non-compliance above</i></b></p> <p><b>COMPLIANT Hep B (practitioner to tick, date and sign)</b></p> <p><input type="checkbox"/> Hep B Final Dose ... / ..... / ... and Hep B Serology ... / ..... / ...</p> <p><i>or</i></p> <p><input type="checkbox"/> Hep B Serology ... / ..... / .....</p> <p style="text-align: right;">Signature: _____</p> <p style="text-align: right;">Date: ..... / ..... / .....</p> <p style="text-align: right;">Ahpra Registration number: _____</p> <p><b>AND/OR (when ID specialist approval needed)</b></p> <p><b>COMPLIANT by ID specialist (Faculty staff to tick, name and date)</b></p> <p><input type="checkbox"/> Reviewed by Faculty</p> <p>Staff Name: ..... Date: .....</p>	<p><b>PRACTITIONER NAME &amp; STAMP</b></p> <p>Signature: _____</p> <p>Date: ..... / ..... / .....</p> <p>Ahpra Registration number: _____</p>
<p><b>STUDENT DECLARATION</b></p> <ul style="list-style-type: none"> <li>- I agree to comply with CDNA <i>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</i> – see link on Ahpra website (includes guidelines on testing for Blood Borne Viruses and immunisation)</li> <li>- I agree to comply with immunisation requirements specified in my Faculty’s Immunisation Guidelines</li> <li>- 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</li> <li>- I understand placements may require evidence of serology</li> <li>- I understand placements may require additional immunisation (e.g. influenza, COVID-19, polio, Hepatitis A)</li> <li>- I agree to retain &amp; produce evidence of this form for CPPs, and infection/evidence of serology in some circumstances</li> <li>- I agree to seek medical advice immediately if I am exposed to a risk of infection</li> <li>- I will immediately notify the Faculty &amp; Clinical Placement Provider (CPP) if during a placement my infection or immune status changes</li> </ul> <p>Student Name: ..... Student ID: ..... Signature: ..... Date: ..... / ..... / .....</p>	

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 4<sup>th</sup> Hep B vaccine and check serology 4 weeks later (noting on pathology form is non-responder). If still non-immune give a 5<sup>th</sup> and 6<sup>th</sup> dose 1 month apart and recheck serology 1 month after 6<sup>th</sup> dose (noting on pathology form is non-responder). If still non-immune, student is a HepB non-responder and needs to see an Infectious Disease (ID) Physician.