MONASH University

**FACULTY OF MEDICINE, NURSING AND HEALTH SCIENCES**
**FACULTY OF PHARMACY AND PHARMACEUTICAL SCIENCES**

IMMUNISATION AND INFECTIOUS DISEASES TEST COMPLIANCE (for University Services, see relevant UHS Policy for details)

| **Student Name:** | **Student ID:** | **DOB:** |
|---|---|---|
| …… | …… | ……/……/…… |

**Return to Faculty/Department by required date as specified in course enrolment.**
**NOTE:** You will **NOT** be permitted to commence any placements, including electives, without a completed form demonstrating compliance or interim compliance.
*This form must be completed by a doctor from the University Health Service or your GP. (In Australia this must be an ahpra (Australia Health Practitioner Regulation Agency) registered medical practitioner)*
Keep an electronic copy of the form, serology & test results and if needed documents from infectious diseases (ID) or other specialists.
You will need to submit this form to your Faculty and may need to provide it to the Clinical Placement Provider (CPP).
In some circumstances evidence of infection/immune status may be requested directly by the CPP (in accordance with the Standardised Student Infection Protocol). Your Faculty/Department cannot provide a copy of this form or any test results or letters.

## Blood-borne viruses (BBV): Important Note for Students

Blood-borne viruses are those viruses that can be transmitted from the blood of one person to the blood of another person, particularly: **Hepatitis B Virus** (HBV), **Hepatitis C Virus** (HCV) & **Human Immunodeficiency Virus** (HIV). For the purposes of clinical placement, your safety and the safety of staff and patients, you must be aware of your HBV, HCV & HIV status and take reasonable steps to prevent the transmission of infection at all times, and adhere to guidelines.
However, you are not required to disclose your status, except in the event of exposure. **See:** CDNA National Guidelines for healthcare workers on managing bloodborne viruses | Australian Centre for Disease Control

| **INFECTIOUS DISEASE** | **ACCEPTABLE EVIDENCE** | **TICK** | **DATE(S)** dd/mm/yyyy |
|---|---|---|---|
| **Diphtheria, Tetanus & Pertussis (dTpa)** | **1** documented dose adult **dTpa** vaccine within the last 10 years | ☐ | Date: |
| **Measles, Mumps & Rubella (MMR)** | Immune to **Measles (on serology), and**<br>Immune to **Mumps (on serology), and**<br>Immune to **Rubella (on serology)** | ☐<br>☐<br>☐ | **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) | ☐ | Dose 1 date:<br>Dose 2 date: |
| **Varicella (VZR)** | Immune to **Varicella (on serology)** | ☐ | **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) | ☐ | Dose 1 date:<br>Dose 2 date: |
| **Hepatitis B**<br>(Anti-HBs in range confirms immunity. However, if achieved by vaccination, at least 3 doses needed to ensure long term immunity. Refer to footnote or review the Australian Immunisation Handbook)<br>Record outstanding requirements on page 2 | **COMPLIANT:** Evidence **Protective level Hepatitis B surface antibodies** (or Hep B Core Ab positive and Hep B SAg negative). If by immunisation, at least 3 doses Hep B vaccine are required. | ☐ | **Serology report given to student** |
| | **OR** | | |
| | **INTERIM**: At **least 2 doses** of Hep B containing vaccine<br><br>Note: If student has still ***not developed a protective level of Hep B surface antibodies*** after a primary course and 3 boosters, see footnote page 2 | ☐<br>☐<br>☐<br><br>☐<br>☐<br>☐ | Dose 1 date:<br>Dose 2 date:<br>Dose 3 date:<br>**If Needed:**<br>Dose 4 date:<br>Dose 5 date:<br>Dose 6 date: |
| Tuberculosis Test * | QuantiFERON-GOLD or Mantoux test is **NEGATIVE** | ☐ | Date of test: |
| **(Test within 12 months before 1st clinical placement)** | | | |

**Hepatitis B, Hepatitis C and HIV serology performed, seen by practitioner and results known to the student** ☐
*Note if student is living with Hepatitis B, Hepatitis C or HIV; compliance can be provided, however guidelines and responsibilities must be met. Refer to note on BBV above (for University Services, see UHS policy for details).*

*** If the test for TB is:**
**- Positive, or indeterminate with clinical concern: CXR & refer to Infectious Disease (ID) Specialist (indicate non-compliant)**
**- Indeterminate and no clinical/CXR concerns: repeat TB test. If the second test remains indeterminate, provide interim compliance and refer to ID specialist (non-urgent).**

## PRACTITIONER DECLARATION

Must be an Ahpra (Australian Health Practitioner Regulation Agency) registered medical practitioner.

**Please provide student with all serology and test results, and**
**Tick one of COMPLIANT, INTERIM COMPLIANCE or NON-COMPLIANT**

☐ **COMPLIANT**: **No further vaccines, tests or assessment needed (other than influenza)**
*Meets requirements for dTpa, MMR, VZR, Hep B and TB test negative. (Requires influenza vaccine in every year of placement)*

☐ **INTERIM COMPLIANCE: AWAITING FULL HEPATITIS B (requires at least 2 Hep B vaccines for interim compliance)**
*Meets requirements for dTpa, MMR, VZR & TB test negative. However*
Pending Hep B serology (+/- additional Hep B vaccines) Date Final Hep B dose: ……/……/…… Date Due serology:…./…../……

☐ **INTERIM COMPLIANCE: TB TEST x 2 INDETERMINATE** (No evidence of infection on CXR or clinically)
*Meets requirements for dTpa, MMR, VZR, Hepatitis B. However*
1st and 2nd TB test indeterminate and awaiting ID specialist review

☐ **NON-COMPLIANT: (e.g. concern about active TB, contraindication vaccination, declines)**
Referred to Infectious Diseases or appropriate medical specialist if infection concern or contraindication

**PRACTITIONER STAMP/DETAILS**

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

***Complete this section only if required i.e. after interim/non-compliance above (tick, date, sign)***

**COMPLIANT Hepatitis B**

☐ Hep B Serology immune ……/……/……
*or*
☐ Hep B non-responder after additional doses and advice provided. See footnote.
*(Probably not protected against hepatitis B. Should minimise potential exposure. Need hepatitis B immunoglobulin within 72 hours of parenteral or mucosal exposure to hepatitis B virus*)

**COMPLIANT Tuberculosis**

☐ TB test negative Date …… /……/……

**PRACTITIONER NAME & STAMP**

Signature:

Date: …../……./…….
Ahpra Registration number:

**COMPLIANT after ID/appropriate specialist assessment (Faculty review required)**

☐ Reviewed by Faculty and Compliance confirmed

Staff Name/Role: ..... Signature:…… Date: ……./……./…….

**STUDENT DECLARATION**

- I agree to comply with *CDNA National Guidelines for healthcare workers on managing bloodborne viruses*. These include guidelines on healthcare workers living with, or at risk of exposure blood borne viruses and include information on prevention testing and immunisation. See www.cdc.gov.au/resources/collections/cdna-national-guidelines-healthcare-workers-bbv
- I agree to comply with immunisation requirements specified in my Faculty's Immunisation Guidelines
- I understand that if there are concerns about TB, contraindications to vaccinations or I am required to see an infectious disease (ID) or other Ahpra registered specialist, and that this could delay or prevent me attending placements
- I understand that I require annual seasonal influenza vaccine in each year of placement
- I understand the Clinical Placement Provider (CPP) may require additional immunisation or testing (e.g. COVID-19, polio, Hepatitis A, typhoid, meningococcal, additional TB tests)
- I agree to retain & produce evidence of this form for the CPP, and evidence of serology in some circumstances
- I agree to seek medical advice immediately if I am exposed to a risk of infection
- I will immediately notify the Faculty & CPP if my infection or immune status changes during a placement

**Student Name:** …… **Student ID:** …….. **Signature:** …….. **Date:** ……./……./…….

If anti-HBs is non-immune (HBSAb <lab threshold) confirm 3 vaccination doses given (at 0, 1 & 6 months) & not infected (review result HBSAg). Then give 4th Hep B vaccine & check HBSAb 4 weeks later. If still non-immune, test again for HBV infection (HBSAg) and for resolved Hepatitis B (Hep B Core Ab); If both HBSAg and HBCAb negative, give a 5th *and* 6th dose 1 month apart and recheck serology 1 month after 6th dose. If still non-immune, student is a Hep B non-responder. A further course of vaccinations can be offered (e.g. course of 4 intradermal).