



# FACULTY OF HEALTH, ENGINEERING AND SCIENCES

## Vaccine Preventable Diseases Evidence Form

### General Practitioner/Nurse Practitioner Instructions – How to fill out this form

1. Please complete sections 1 to 3, otherwise the student will not be able to attend placements.
2. Please provide the student with the completed form and attached pathology results as required.

#### Notes

1. Students should be vaccinated in accordance with the recommendation of the current edition of the National Health and Medical Research Council Australian Immunisation Handbook.
2. Letters from medical practitioners or other vaccine service providers should be on practice/facility letterhead, signed by the provider/practitioner including professional designation and service provider number (if applicable).
3. In accordance with the Australian Immunisation Handbook, 10th ed., the minimum recommended Hepatitis B vaccination schedule is 0 month (first dose), 1 month (second dose) and 4-6 months (third dose), with serology testing undertaken one month after the third dose. For adolescents between the ages of 11-15 Hepatitis B vaccine may be given as a two-dose course, with the two doses 4-6 months apart. An accelerated Hepatitis B schedule of vaccination is **not accepted** as the course will not be completed until the 4th dose at 12 months and some Health Services do not accept an accelerated schedule for vocational placement. Anti-HBs (Hepatitis B surface antibody) greater than or equal 10 IU/ml indicates immunity. If the result is less than 10 IU/ml this indicates lack of immunity.
4. Documented evidence that an individual is not susceptible to Hepatitis B infection and therefore does not require immunisation, may include serology tests indicating the presence of Hepatitis B core Antibody (Anti-HBc) or a documented history of past Hepatitis B infection. Students who are Hepatitis B antigen positive (HBsAg), indicating active infection (acute or chronic), do not have to disclose their Hepatitis B infection status unless they perform exposure-prone procedures.
5. For Measles, Mumps, Rubella and Varicella: Positive IgG (immunoglobulin G) indicates evidence of serological immunity, which may result from either natural infection or immunisation.
6. Varicella immunisation requires two doses of varicella vaccine

### Student Instructions – How to fill out this form

1. This form is to be completed in consultation with your General Practitioner (GP) or Nurse Practitioner (NP). **It is important you obtain your past immunisation record(s) eg. via council records, past GPs or accessing mygov, and take this information to your GP/NP.** If you do not have access to your immunisation record(s) your practitioner may request you to undergo blood testing to determine your immunity status, and advise action as required to ensure you meet immunity requirements. Instructions for your GP/NP are available on page 1.
2. Please enter your details on page 2, and sign as authority for the University to use the information in this form.
3. Arrange for your provider/practitioner to complete Section 1 in full, providing initials against each item. Only have Section 2 completed if applicable. Your GP will only need to complete section 1 – 3.
4. Finalise the TB Self-Assessment at Section 4 before signing and dating where indicated. Please note this screening form is for your records only and should not be submitted with this form.
5. Read Section 5 before signing and dating where indicated
6. **It is your responsibility to check that sections 1 – 3 of the form have been completed in full before you leave the general practitioner/nurse practitioner's office.**
7. **Please ensure you complete the Student Declaration in Section 6, and add your name and student number to the bottom of each page prior to submitting your completed form.**



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I hereby request and give consent for the General Practitioner (GP)/Nurse Practitioner (NP) identified in Section 3 to complete this form in relation to my health information. I understand that the information is being collected by the University of Southern Queensland (USQ) for the purpose of administration of my admission and enrolment at USQ including (without limitation) for the purpose of administration of any professional experience placements. I authorise USQ to disclose my personal/sensitive information to:

(a) placement facilities; and

(b) The Australian Health Practitioner Regulation Agency (AHPRA) - only if required under the AHPRA mandatory guidelines.

I understand that all blood tests & vaccines cost will be the responsibility of the student.

**Student Name:**

**Student Number:**

**Course of Study:**

**DOB:**

**Student Signature:**

**Student Note:**

Students enrolled in **Bachelor of Nursing/Bachelor of Midwifery** may undertake exposure prone procedures (EPP) throughout the course of their study and are required to Complete Section 3 Exposure Prone Procedures at the commencement of the program.

## Section 1: Vaccine Preventable Disease Evidence

### Diphtheria, Tetanus, Acellular Pertussis (Whooping Cough) (dTpa) Vaccine

- Evidence of one adult dose of dTpa vaccine within the past 10 years required.

**PLEASE NOTE:** Exercise Physiology Students within the Sports and Exercise Program do not need this vaccination for the purpose of their study.

Date	Batch No	Healthcare Provider Initials

### Annual Seasonal Influenza Vaccination

- From Semester 2 2019 this vaccination is mandatory for all students (must be completed annually - proof of first year to be provided below, following years to be provided via InPlace every 12 months)

Date	Batch No	Healthcare Provider Initials



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### Section 1 (cont): Vaccine Preventable Disease Evidence

#### Hepatitis B Vaccine (age appropriate course of vaccinations or post vaccination serology)

**\*ACCELERATED COURSE IS NOT ACCEPTED\***

- If HBsAb test is positive (level is >10mIU/ml) no further action is required.
- If HBsAb test is negative (level is <10mIU/ml) please undertake testing for HBsAg (Antigen Levels).
- If HBsAg is positive students should be excluded from Exposure Prone Procedures.
- If HBsAg is negative please commence the student on a booster regime as per the regime below.

	Date	Batch No/HBsAb Level (mIU/ml)	Healthcare Provider Initials
Dose 1 (0mth)			
Dose 2 (1mth)			
Dose 3 (4 -6 mth)			

OR

Serology Hepatitis B (HBsAb test)		HBsAb Level(mIU/ml):	
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#### Hepatitis B Booster Regime (if required)

- If HBsAb test is positive (level is >10mIU/ml) following dose 4, no further action is required.
- If HBsAb test is positive (level is >10mIU/ml) following further vaccinations, no further action is required.
- If HBsAb is negative following booster regime, please complete Section 2: Non-Responder to Hepatitis B Vaccine Acknowledgement.

	Date	Batch No/HBsAb Level (mIU/ml)	Healthcare Provider Initials
Dose 4 (0mth)			
Serology Hepatitis B (HBsAb test)			
Dose 5 (1mth)			
Dose 6 (4-6mth)			
Serology Hepatitis B (HBsAb test)			

#### Measles, Mumps, Rubella (MMR) Vaccine

- Two doses of MMR vaccine at least 1 month apart **or** positive serology for measles, mumps, and rubella **or** birth date before 1966. Please note if responsive to either measles, mumps or rubella = only 1 booster dose advised

	Date	Batch No/Result	Healthcare Provider Initials
Dose 1			
Dose 2			

OR

Serology Measles			
Serology Mumps			
Serology Rubella			
Booster Administered			
Born before 1966	DOB:		



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### Section 1 (cont): Vaccine Preventable Disease Evidence

#### Varicella (Chickenpox) Vaccine

- If you have a negative history of Varicella infection and no documented history of age-appropriate vaccination, it is suggested to have serology testing done first as a majority of those with a negative history are immune, and thus may not require vaccination. Testing to check for seroconversion after varicella vaccination is not recommended.

	Date	Result	Healthcare Provider Initials
Serology Varicella			

OR

Dose 1			
Dose 2 * *if course initiated after age 14			

OR Supplementary:

History of Chicken Pox/Shingles

#### For Students Residing Outside of Queensland Only (complete sections as relevant)

Western Australia Only – Evidence of MRSA Clearance. Please refer to advice provided by GUC

Date	Result	Healthcare Provider Initials

Northern Territory and Victoria Only – Evidence of two doses of Hepatitis A Vaccine at least 6 months apart OR Serology.

Date	Result	Healthcare Provider Initials

Tasmania Only – Evidence of Human immunodeficiency syndrome (HIV) antibody test.  
– Evidence of Hepatitis C (HCV) antibody test

Date:	HIV Antibody Test (Please circle)	Yes No	Healthcare Provider Initials:
Date:	Hepatitis C Antibody Test (Please circle)	Yes No	Healthcare Provider Initials:



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#### Section 2: Non-Responder to Hepatitis B Vaccine Acknowledgement

The student does not have adequate post-vaccination Hepatitis B antibodies detected and the student and I have discussed risk and prevention required whilst on clinical placement.

The student is aware of the recommended management in the event of a potential exposure to Hepatitis B, including the recommendations for administration of Hepatitis B immunoglobulin (HBIG).

The student is aware that if they undertake exposure prone procedures throughout the course of their study that they have a responsibility to have Hepatitis B screening at least annually, and after any blood or body fluid exposure.

Student Name (PRINT)

Student Signature

Date

General Practitioner/Nurse Practitioner's  
Name (PRINT)

General Practitioner/Nurse Practitioner's  
Signature

Date

#### Section 3: Completing General/Nurse Practitioner Details

General/Nurse Practitioner's Name (PRINT)

Date

General/Nurse Practitioner's Signature

Practice Stamp or Facility Name & Address

Provider Number



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### Section 4: TB Assessment and Screening

It is a requirement of your program that you complete the Queensland Health Student TB Assessment and Screening Form, prior to commencing placement. This is a self-assessment form and provides clear instructions for completion, and to determine individual risk. If, after correctly completing the form, you have self-identified as high risk, it is expected you will make an appointment with a Queensland Health TB Service for further appropriate testing. **N.B For students residing outside of QLD please refer to PPHUB for information on your state or territory's TB services.**

Please take your completed assessment with you to the TB Service appointment. You can still go on placement PRIOR to your TB screening appointment, as long as you keep your future appointment time.

[Contact details for Queensland Health TB Service.](#)

[National Tuberculosis Advisory Committee \(NTAC\) guidelines.](#)

[Vaccination of healthcare workers - Guideline](#)

**I confirm that I have completed the risk assessment tool and I have taken the appropriate steps to make an appointment with the relevant state Health TB Service for further appropriate testing, if required.**

Student Name (PRINT)

Student Signature

Date

### Section 5: Exposure Prone Procedures

The current Communicable Diseases Network Australia (CDNA) guidelines define an Exposure Prone Procedure as one where there is a risk of injury to the healthcare worker resulting in exposure of the patient's open tissue to the blood of the worker. These procedures include those where the hands of the worker (whether gloved or not) may come into contact with sharp instruments, needle tips, or sharp tissue (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

While there is not a requirement to provide evidence of such, students must be aware of their infectious disease status.

This student is aware of their infectious status with regards to HIV and HCV, and any consequent implications

Student Name (PRINT)

Student Signature

Date

### Section 6: Student Declaration

**I declare that the information provided on this form is true and correct.**

Student Name:

Student Signature:

Date: