

Vaccine Preventable Diseases Evidence Form 2021

General Practitioner/Nurse Practitioner Instruction for completing this form:

1. Please complete sections 2 and 3 (pages 2 to 5), otherwise the student will not be able to attend placements.
2. Please provide the student with the completed and signed form and any pathology results required.

Immunisation requirements:

- **Vaccination Guidelines:** as per current edition of the National Health and Medical Research Council Australian Immunisation Handbook.
- **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.
- **Hepatitis B:** 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.

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 or a documented history of past Hepatitis B infection. Students who are Hepatitis B antigen positive, do not have to disclose their Hepatitis B infection status unless they perform exposure-prone procedures.

- **Measles, Mumps, Rubella:** Immunisation requires two doses of MMR vaccine at least one month apart. Positive IgG indicates evidence of serological immunity, which may result from either natural infection or immunisation.
- **Varicella:** as for Measles, Mumps, Rubella – see note in Varicella section on form for more details (Page 3).
- **Pertussis:** evidence of one adult dose of dTpa within the past 10 years.
- **Tuberculosis** – student to provide completed QHealth TB Risk Assessment form. If they identify as at risk in Part A or Part B, they must either contact a Queensland Health TB Clinic for review or please advise if further testing is required through your Practice.
- **Influenza:** evidence that student has received a flu vaccine for the current 'flu season'. Required annually.

Student Instructions for completing this form:

This form is to be completed in consultation with your General Practitioner (GP) or Nurse Practitioner (NP).

1. Enter your details in Section 1 page 2 of this document, and sign as authority for the University to use the information in this form.
2. Obtain your past immunisation records eg .via council records, past GPs or by accessing mygov. If you cannot obtain your records your Healthcare provider may request you to undergo blood testing to determine your immunity status and then advise action as required to ensure you meet immunity requirements.
3. Complete the Queensland Health Tuberculosis Risk Assessment form for Students available on the NUR: PPHub and take this with you to your appointment with your GP/NP. They can advise you if further investigation/treatment is required.
4. Then arrange an appointment for your GP or NP to complete Sections 2 and 3 in full, providing initials against each item if you are compliant. If you are not compliant, you may need to make further appointments in order to complete all immunisations. You need to take your immunisation records and completed TB risk assessment with you for your appointment.
5. All students must read and complete Section 4 before signing and dating where indicated.
6. **It is your responsibility to check that sections 2 – 3 of the form have been completed in full before you leave the general practitioner/nurse practitioner's office or that appointments for further immunisations are planned.**
7. **Read and complete Section 5 and add your name and student number to the bottom of each page before submitting all 5 pages of this document via InPlace.**

Student Name:

Student Number:

Section 1: Student Consent (student to complete)

I hereby request and give consent for the General Practitioner (GP)/Nurse Practitioner (NP) identified in Section 2 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:

Date of Birth:

Course of Study:

Student Signature:

Date of Signature:

Important 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 4 Exposure Prone Procedures at the commencement of the program.

Section 2: Completing General Practitioner/Nurse Practitioner Details

General/Nurse Practitioner's Name (PRINT):

Provider Number:

General/Nurse Practitioner's Signature:

Date:

Practice Stamp or Facility name & Address

Student Name:

Student Number:

Section 3: Immunisations

Health Practitioner **ONLY** to complete this section

Disease	Evidence of vaccination (Please select ONE option for each)	General Practitioner/Nurse Practitioner
Measles, Mumps and Rubella (MMR)	<input type="checkbox"/> Two documented doses of MMR vaccine at least one month apart Date of doses 1: ___/___/___ 2: ___/___/___ OR <input type="checkbox"/> Documented evidence of positive IgG for MMR Date of serology: ___/___/___ Booster dose if required: ___/___/___ OR <input type="checkbox"/> Birth date before 1966 <i>* Please note if responsive to measles, mumps or rubella only 1 booster dose advised.</i>	GP/NP to initial when compliant: Initial: _____
Pertussis (Whooping Cough) or dTpa (Diphtheria, Tetanus and Pertussis)	<input type="checkbox"/> Documented evidence of one adult dose of dTpa within the past ten years Date of dose: ___/___/___ <i>*Please note that Exercise Physiology Students do not require dTpa</i>	GP/NP to initial when compliant: Initial: _____
Varicella (Chicken Pox)	<input type="checkbox"/> Two documented doses of Varicella vaccine at least one month apart Date of doses 1: ___/___/___ 2: ___/___/___ OR <input type="checkbox"/> Documented evidence of positive IgG for Varicella Date of serology: ___/___/___ Booster dose if required: ___/___/___ OR <input type="checkbox"/> History of chickenpox or documentation of physician-diagnosed shingles <i>If student has 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.</i>	GP/NP to initial when compliant: Initial: _____
Annual Seasonal Influenza Vaccination	<input type="checkbox"/> Evidence of Influenza vaccination yearly during annual 'Flu Season' – must be completed every year Date of dose 1 st year: ___/___/___ <i>*After first year, evidence to be provided separately via InPlace every 12 months</i>	GP/NP to initial when compliant: Initial: _____

Student Name:

Student Number:

Immunisations

Health Practitioner **ONLY** to complete this section

Disease	Evidence of vaccination (Please select ONE option for each)	General Practitioner/Nurse Practitioner Clinical Assessment
Hepatitis B Please note: Accelerated courses are not accepted	<input type="checkbox"/> Three documented doses of Hepatitis B vaccines given over 4 to 6 months Dose 1 (0 months): ___/___/___ Dose 2 (1 month): ___/___/___ Dose 3 (4-6 months): ___/___/___ OR <input type="checkbox"/> Hepatitis B Serology (titre level >10mIU/ml at least 4 to 8 weeks after completion of primary course) Titre level: _____ Date of serology: ___/___/___ AND/OR <input type="checkbox"/> Three further doses of Hepatitis B vaccines for non-responder to primary course of 3 vaccines (anti-HBs titre <10mIU/ml at least 4 to 8 weeks after completed primary course) Dose 4 (0 months): ___/___/___ Dose 5 (1 month): ___/___/___ Dose 6 (4-6 months): ___/___/___ Titre level (4 to 8 weeks after Dose 6): ___/___/___	Dose 2 due: _____ Dose 3 due: _____ <input type="checkbox"/> Fully Compliant GP/NP to Initial when fully compliant: Initial: _____ <input type="checkbox"/> Non-responder Please complete section below

Non-Responder to Hepatitis B Vaccine Acknowledgement - Health Practitioner to complete this section if student meets the below guidelines. All 6 vaccinations + serology results must be documented above.

- The Student has completed both a primary and secondary course of Hepatitis B vaccines and does not have adequate post-vaccination Hepatitis B antibodies detected following completion of the secondary course 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

GP/NP Name (PRINT)

GP/NP Signature

Date

Student Name:

Student Number:

Immunisations - For Students residing outside of Queensland ONLY (complete relevant sections)

Health Practitioner ONLY to complete this section

State	Disease	Evidence of vaccination (Please select ONE option for each)	General Practitioner/Nurse Practitioner Clinical Assessment
Western Australia	Tuberculosis Screening	Have you worked or been a patient in a hospital outside Western Australia, or overseas, in the past 12 months? <input type="checkbox"/> NO <input type="checkbox"/> YES (go to next section)	GP/NP to initial when compliant: Initial: _____
		If YES and you have not had an MRSA screen result since that time you are required to have an MRSA screening. <input type="checkbox"/> Date ___/___/___ Result: _____	GP/NP to initial when compliant: Initial: _____
Northern Territory and Victoria	Hepatitis A	<input type="checkbox"/> Evidence of two doses of Hepatitis A vaccine at least 6 months apart Dose 1: ___/___/___ Dose 2: ___/___/___ OR <input type="checkbox"/> Serology Titre level: _____	GP/NP to initial when compliant: Initial: _____
Tasmania	HIV Antibody Test	<input type="checkbox"/> Date: ___/___/___ Result: _____	GP/NP to initial when compliant: Initial: _____
	Hepatitis C Antibody Test	<input type="checkbox"/> Date: ___/___/___ Result: _____	GP/NP to initial when compliant: Initial: _____

Section 4: Exposure Prone Procedures (all students to complete)

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
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Section 5: Student Declaration

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

Student Name (PRINT)	Student Signature	Date
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Student Name:	Student Number:
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