

VACCINE PREVENTABLE DISEASES EVIDENCE CERTIFICATION FORM

Queensland University of Technology
Faculty of Health

FOR USE BY STUDENTS ENROLLED IN:

- Medical Laboratory Sciences;
- Nursing;
- Optometry;
- Paramedicine (**NOTE: paramedicine students are also required to submit this form to Sonic Health Plus**); and,
- Podiatry.

INSTRUCTIONS FOR STUDENTS

This form is to be completed in consultation with your medical practitioner. **It is important you obtain your past immunisation record(s) and take this information to your medical practitioner.** Note: the medical practitioner *must not* be related to you.

Please complete Section 1 and arrange for your medical practitioner to complete sections 2 – 4. Read sections 5 and 6 and tick the relevant box in section 7. Ensure that you sign and date the form in Section 7. **It is your responsibility to check that the form has been completed correctly before you leave the medical practitioner's office.**

INSTRUCTIONS FOR MEDICAL PRACTITIONERS

Please complete sections 2 – 4, ensuring to sign and stamp in Section 2. In Section 3, please indicate against each vaccine preventable disease whether the student is compliant and initial each section. In Section 4, please indicate whether the student has received the relevant vaccination.

Section 1:

Student ID: *		Date of Birth: *	
Family Name: *		Course Code: *	
Given Name: *			

Section 2:

Medical Practitioner Name: *		Designation/Job Title: *	
Medical Practitioner Signature: *		Provider No.: (if applicable)	
Name of Practice: *		Phone No. *	

Practice Stamp: *

Section 3: Mandatory Vaccinations

Disease	Evidence of Vaccination	Documented Serology Results	Other Acceptable Evidence	Medical Practitioner Use Only
Hepatitis B <ul style="list-style-type: none"> Accelerated or fast track schedules are not recommended Standard 3 dose schedule is recommended (0, 1 and 6 months) 	<input type="checkbox"/> Documented history of three doses of hepatitis B vaccine ¹ Date of dose 1: ____/____/____ Date of dose 2: ____/____/____ Date of dose 3: ____/____/____ <div style="border: 1px solid black; padding: 2px; display: inline-block;">AND</div> <input type="checkbox"/> Anti-HBs greater than or equal to 10 IU/mL ² Source: <input type="checkbox"/> QML <input type="checkbox"/> SNP <input type="checkbox"/> QH AUSLAB <input type="checkbox"/> Other: _____	<input type="checkbox"/> Anti-HBs greater than or equal to 10 IU/mL ³ Source: <input type="checkbox"/> QML <input type="checkbox"/> SNP <input type="checkbox"/> QH AUSLAB <input type="checkbox"/> Other: _____	<input type="checkbox"/> Documented evidence that the individual is not susceptible to hepatitis B. ⁴	Compliant (Circle): Yes / No _____ Initial
Measles, Mumps and Rubella A student must have positive IgG serology for all three diseases or have received TWO doses of MMR vaccine.	<input type="checkbox"/> Two documented doses of Measles, Mumps and Rubella (MMR) vaccine at least one month apart. Date of dose 1: ____/____/____ Date of dose 2: ____/____/____	<input type="checkbox"/> Positive IgG for each of Measles, Mumps and Rubella ⁵ Source: <input type="checkbox"/> QML <input type="checkbox"/> SNP <input type="checkbox"/> QH AUSLAB <input type="checkbox"/> Other: _____	<input type="checkbox"/> Birth date before 1966 <div style="border: 1px solid black; padding: 2px; display: inline-block;">AND</div> Date of +ve measles IgG: ____/____/____ Date of +ve mumps IgG: ____/____/____ Date of +ve rubella IgG: ____/____/____	Compliant (Circle): Yes / No _____ Initial

¹ Hepatitis B vaccine is usually given as a 3 dose course with 1 month minimum interval between 1st and 2nd dose, 2 months minimum interval between 2nd and 3rd dose and 4 months minimum interval between 1st and 3rd dose.

² Anti-HBs (hepatitis B surface antibody) greater than or equal 10 IU/mL indicates immunity. If the result is less than 10 IU/ml (<10 IU/ml), this indicates lack of immunity.

³ Anti-HBs (hepatitis B surface antibody) greater than or equal 10 IU/mL indicates immunity. If the result is less than 10 IU/ml (<10 IU/ml), this indicates lack of immunity.

⁴ Documented evidence that an individual is not susceptible to hepatitis B infection may include serology testing indicating a hepatitis B core antibody (Anti-HBc /HBcAb), 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 (see [Guideline for the management of Human Immunodeficiency Virus \(HIV\), hepatitis B virus, and hepatitis C virus infected healthcare workers](#)).

⁵ Positive IgG (Immunoglobulin G) indicates evidence of serological immunity, which may result from either natural infection or immunisation.

VACCINE PREVENTABLE DISEASES EVIDENCE CERTIFICATION FORM

Section 3: Mandatory Vaccinations (continued)

Disease	Evidence of Vaccination	Documented Serology Results	Other Acceptable Evidence	Medical Practitioner Use Only
Diphtheria, Tetanus and Pertussis • Not ADT	<input type="checkbox"/> Documented history of one adult dose of dTpa within the past ten years Date of dose: ____/____/____	Not applicable	Not applicable	Compliant (Circle): Yes / No Initial: _____
Varicella The student must have a history of clinical chickenpox or proof of either: • Shingles diagnosed by a doctor; or, • Positive varicella IgG serology; or, • Received two doses of varicella vaccine, at least four weeks apart.	<input type="checkbox"/> Documented history of age appropriate course of varicella vaccination ⁶ (including zoster) Date of dose 1: ____/____/____ Date of dose 2: * ____/____/____ *Required if initiated after the age of 14	<input type="checkbox"/> Positive IgG for varicella ⁷ Source: <input type="checkbox"/> QML <input type="checkbox"/> SNP <input type="checkbox"/> QH AUSLAB <input type="checkbox"/> Other: Date of Serology: ____/____/____	<input type="checkbox"/> Documented history of medical practitioner diagnosed chickenpox or shingles ⁸	Compliant (Circle): Yes / No Initial: _____
Influenza (only mandatory for Paramedicine students) An annual influenza vaccination is highly recommended for all other students.	Date of dose: ____/____/____	Vaccination administered (Circle): Yes / No Initial: _____		Compliant (Circle): Yes / No Initial: _____
Tuberculosis Screening NOTE: Only required if the student is enrolled in Paramedicine and was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB: https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/tuberculosis/about/high-risk-countries or has had direct contact with a person who has had active TB. Please contact the QLD TB control centre to make an appointment. Students should attach the TB control centre result certificate to this form. Further information is available at: https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/tuberculosis/about/high-risk-countries			Date of Mantoux reading: ____/____/____ Result (mm): _____ If elected, date of BCG vaccine: Date of dose: ____/____/____	Screening Test Completed (Circle): Yes / No Initial: _____

⁶ Two doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person received their first dose before 14 years of age).

⁷ Positive IgG (Immunoglobulin G) indicates evidence of serological immunity, which may result from either natural infection or immunisation.

⁸ Letters from medical practitioners or other vaccine service providers should state the date chickenpox or shingles was diagnosed and should be on practice/facility letterhead, signed by the provider/practitioner including professional designation and service provider number (if applicable).

Section 4: Highly Recommended Vaccinations

Disease	Evidence of Vaccination	Medical Practitioner Use Only
Hepatitis A This is optional. It is required for persons who live or work in rural and remote Indigenous communities and/or persons who regularly provide care for Aboriginal and Torres Strait Islander children in the Northern Territory, Queensland, South Australia and Western Australia; staff working in early childhood education and care; carers of persons with developmental disabilities; and plumbers or sewage workers.	Date of dose 1: ____/____/____ Date of dose 2: ____/____/____ Date of dose 3: ____/____/____	Vaccination administered (Circle): Yes / No _____ Initial
Hepatitis C This is optional. However, if a student tests positive for Hep C, they should disclose this to QUT. It is a mandatory requirement for students to disclose relevant personal or medical information where their health status may increase the risk to others. All healthcare workers, including students, involved in exposure prone procedures (EPPs) have a professional and ethical responsibility to be voluntarily tested annually for blood borne viruses (BBVs), and immediately after potential exposure associated with a risk of disease acquisition	Date of Serology ____/____/____	Compliant (Circle): Yes / No _____ Initial
Human Immunodeficiency virus (HIV) This is optional. However, if a student tests positive for HIV, they should disclose this to QUT. It is a mandatory requirement for students to disclose relevant personal or medical information where their health status may increase the risk to others. All healthcare workers, including students, involved in exposure prone procedures (EPPs) have a professional and ethical responsibility to be voluntarily tested annually for blood borne viruses (BBVs), and immediately after potential exposure associated with a risk of disease acquisition	Date of Serology ____/____/____	Compliant (Circle): Yes / No _____ Initial

Section 5: Exposure Prone Procedures

Students in Medical Laboratory Science, Nursing, Paramedicine, Podiatry and Optometry may be required to perform Exposure Prone Procedures (EPPs) during their course of study. Students are required to complete this form prior to commencing a placement, including those within the QUT Health Clinic.

An EPP is "a procedure where there is a risk of injury to the [healthcare worker] resulting in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (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". (*Australian National Guidelines for the Management of Health Care Workers Known to be infected with Blood-borne Viruses*, p10.)

Student Declaration

I acknowledge that:

- I have read and understand the [Australian National Guidelines for the Management of Health Care Workers known to be infected with Blood-borne Viruses](#);
- I understand that I will be responsible for meeting the costs associated with serological testing and vaccinations;
- I agree to undergo serological testing for Hepatitis C and (HCV) and Human Immunodeficiency Virus (HIV) on an annual basis, with immediate retesting and follow-up care after a potential occupational or non-occupational exposure;
- I understand that I may be requested to supply evidence to the Faculty of Health's Work Integrated Learning Support team and I consent to this information being provided to the placement site, if requested;

VACCINE PREVENTABLE DISEASES EVIDENCE CERTIFICATION FORM

- I understand that I must not perform exposure prone procedures if I am infected or if I become infected with a blood borne virus;
- I agree to seek professional medical advice if infected or if I become infected with a blood borne virus;
- I understand that if I am unaware of my infection status with regards to blood borne viruses and perform exposure prone procedures that this can be considered to be professional misconduct;
- I hereby certify that the information on this form is true and correct.

Section 6: Faculty Vaccination Policy

I have read and understand the Queensland University of Technology, Faculty of Health Immunisation Policy related to vaccine preventable communicable diseases: http://cms.qut.edu.au/data/assets/pdf_file/0003/25923/Vaccination.pdf. If I am not vaccinated, I am aware of and understand the potential health risks associated with not being vaccinated in accordance with this immunisation policy to both me and the patients that I will come into contact with during the course of my practical work. I am aware that if I am not vaccinated this may affect the available choices for placement.

Section 7: Privacy Notice

Personal information on this Vaccine Preventable Diseases Evidence Certification Form and associated Disclosure Forms is collected by the QUT Work Integrated Learning Support (WILS) team in accordance with the *Information Privacy Act 2009* and QUT's Information Privacy Policy. Your completed Form will only be accessed and used by QUT WILS staff for purposes associated with planning your work placement and to comply with QUT's contractual or legislative obligations.

Your completed Form will be disclosed to health care facilities or placement providers where required for the purposes of placement, to ensure your health and safety and the health and safety of others. Your personal information will not be disclosed to any other third parties without your consent, unless required by law.

I have read and understood the Privacy Notice above and hereby certify that the information on this form is true and correct.

Student Signature _____ Date ____/____/____

SCAN AND SUBMIT THE COMPLETED FORM TO THE WORK INTEGRATED LEARNING SUPPORT TEAM (WILS) VIA EMAIL. **NOTE:** paramedicine students are also required to submit this form to Sonic Health Plus.

- Medical Laboratory Sciences = wils.biomed@qut.edu.au; 07 3138 1296
- Nursing = placement.enquiries@qut.edu.au; 07 3138 0063
- Optometry, Paramedicine and Podiatry = health.wils@qut.edu.au; 07 3138 8778