

# Vaccination Evidence Form



## Student Details (Student to complete)

Surname:	<b>MEDICAL PRACTICE STAMP including:</b>  <i>Practice Name</i>  <i>Health professional name</i>  <i>Designation</i>  <i>Provider number</i>  <i>Signature</i>
First name:	
Date of birth:	
Address:	
UniSC Student ID:	

## Immunisations (Health Practitioner ONLY to complete)

Disease	Evidence of vaccination (Please select <u>ONE</u> option for each)	General Practitioner Clinical Assessment
Measles, Mumps, and Rubella (MMR)	<input type="checkbox"/> Two documented doses of MMR vaccine at least one month apart Date of doses 1: ____/____/____ 2: ____/____/____ <u>OR</u> <input type="checkbox"/> Documented evidence of positive IgG for MMR Date of serology: ____/____/____ <u>OR</u> <input type="checkbox"/> Birth date before 1966	<b>Doctor to initial when compliant:</b>  Initial: _____
Pertussis (Whooping Cough) <u>OR</u> dTpa (Diphtheria, Tetanus & Whooping Cough)	<input type="checkbox"/> Documented evidence of one <u>adult</u> dose of dTpa within the past ten years Date of dose: ____/____/____	<b>Doctor to initial when compliant:</b>  Initial: _____
Varicella (Chicken Pox)	<input type="checkbox"/> 2 Documented doses of Varicella vaccine at least one month apart Date of doses 1: ____/____/____ 2: ____/____/____ (Documented childhood vaccination acceptable as 1 <sup>st</sup> dose) <u>OR</u> <input type="checkbox"/> Documented evidence of positive IgG for Varicella Date of serology: ____/____/____ <u>OR</u> <input type="checkbox"/> History of chickenpox or documentation of physician-diagnosed shingles	<b>Doctor to initial when compliant:</b>  Initial: _____
Hepatitis B	<p><b>Please note: Accelerated schedules are not accepted</b></p> <input type="checkbox"/> Serology confirms anti-HBs > 10mIU/ml <sup>(1)</sup> Titre level: _____ Date of serology: ____/____/____ Dates of primary course: 1: ____/____/____ 2: ____/____/____ 3: ____/____/____ <small>Recommended primary Hepatitis B vaccine course is 0, 1, 5 month intervals; 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. Secondary Hepatitis B vaccine course is an additional 3 doses with a minimum interval of 1 month between each vaccine.  Australian Immunisation Handbook 10th Edition (updated June 2015)</small>	<b>Doctor to initial when compliant:</b>  Initial: _____

	<input type="checkbox"/> For non-responders: documented history of primary and secondary course of vaccinations as per recommended schedule (2) and anti-HBs < 10mIU/ml) despite a completed initial course of Hep B vaccine plus a secondary course of the vaccine.  Dates of secondary course: 4: ____/____/____ 5: ____/____/____ 6: ____/____/____  <b>OR</b> <input type="checkbox"/> Documented evidence <sup>(3)</sup> of anti-HBs, indicating past (but not current) Hep B infection	
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## Brand names of vaccines

### Australian Immunisation Handbook 10<sup>th</sup> Edition (updated June 2015)

#### Measles, Mumps, Rubella

- M-M-R-II
- Priorix
- Priorix-tetra
- ProQuad

#### Pertussis

- Adacel/ Adecel polio
- Boostrix/ Boostrix IPV

#### Varicella

- Varilrix
- Varivax
- Priorix-tetra
- ProQuad

Brand name of zoster vaccine:

- Zostavax.

#### Hepatitis B

- H-B-Vax II (adult or paediatric formulation)
- Engerix-B (adult or paediatric formulation)
- Infanrix hexa
- Twinrix/Twinrix Junior
- ComVax
- Infanrix hep B

#### Hepatitis A

- Avaxim
- Havrix/ Havrix Junior
- Vaqta
- Twinrix/Twinrix Junior
- Vivaxim

Brand names of vaccines not in the current edition of *The Australian Immunisation Handbook* are vaccines that were included in previous immunisation schedules. Internationally administered vaccine may have a different brand

### Footnotes and further information:

1. 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.

2. Primary Hepatitis B vaccine course is recommended 0, 1, 5 month intervals. It is usually given as a 3 dose course with 1 month minimum interval between 1<sup>st</sup> and 2<sup>nd</sup> dose, 2 months minimum interval between 2<sup>nd</sup> and 3<sup>rd</sup> dose and 4 months minimum interval between 1<sup>st</sup> and 3<sup>rd</sup> dose. For adolescents between the ages of 11-15 primary hepatitis B vaccine may be given as a two dose course, with the two doses 4-6 months apart. Secondary Hepatitis B vaccine course is an additional 3 doses with a minimum interval of 1 month between each vaccine. Anti-HBs (hepatitis B surface antibody) is checked at intervals to assess seroconversion.

3. Letter from a medical practitioner, vaccine service provider or other health professional acceptable to the HHS or the Department with a statement that the individual is not susceptible to hepatitis B.

Such a letter should be on practice/facility letterhead, signed by the provider/practitioner, and including their professional designation, service provider number (if applicable) and practice stamp. Other 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 as per Queensland Government Health *Guideline for the management of Human Immunodeficiency Virus (HIV), hepatitis B virus, and hepatitis C virus infected healthcare workers*.

February 2023