

SHRS Student Requirements

All students enrolled in a School of Health and Rehabilitation Sciences (SHRS) program have to comply with various program requirements. These requirements are to be satisfied at all times, from commencement to completion, for both enrolment purposes and participation in fieldwork and placement activities. This is because many of the courses you study will include contact with the general public.

If you have any questions please contact the Student and Academic Support Unit (SASU) via e-mail enquiries.shrs@uq.edu.au or telephone 07 3365 4506.

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SHRS Student Requirements

- Immunisation Form – submitted once only
- Pertussis (Whooping cough) – submitted every ten years
- Blue Card – submitted every three years
- CPR Certificate – submitted each year
- First Aid Certificate – submitted every three years
- Queensland Health Deed Poll – submitted once only
- Queensland Health Orientation Checklist – submitted once only
- OHS Lab Safety (Student Safety Declaration Form for Practical Class Work) – submitted once only

Immunisation Form

The most complex SHRS requirement is your Immunisation Form.

An Immunisation Form is a statement which lists the dates you received particular vaccines, as well as confirming the status of your immunity to diseases such as Hepatitis B and reaction to Tuberculosis (TB) .

The Immunisation Form can only be completed and authorised by a Registered General Practitioner (GP), who is not a family member of the student. Forms completed by a party other than a GP will not be accepted

The following slides will provide you with information in relation to immunisations, as well as an example of a typical Immunisation Form.

If you have any questions regarding the Immunisation Form please contact your GP.

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Childhood Vaccinations

You may have received some vaccines as part of your childhood vaccination program.

Vaccines commonly received as part of this program include:

- Diphtheria
- Tetanus
- Pertussis (whooping cough)
- Measles
- Mumps
- Rubella
- Chickenpox (Varicella, Varivax)
- Poliomyelitis (polio)
- Hepatitis B

To obtain a record of immunisations received through the Australian childhood vaccination program after 1996 contact **ACIR** on 1800 653 809.

Name of disease	Acceptable evidence of protection	Tick	Date(s)
Diphtheria, Tetanus, Pertussis	One documented dose of DTPa vaccine within last 10 years (in addition to CCV)		Date ___/___/___ Pertussis booster next due: ___/___/___
Measles, Mumps, Rubella	Documented evidence of 2 doses of MMR vaccine given at least 28 days apart (both doses must be given before signing the form) OR The student is immune to measles, mumps and rubella.		Dose 1 ___/___/___ Dose 2 ___/___/___ OR Serology report confirms immunity to measles, mumps and rubella Report date ___/___/___ Result: _____
Chickenpox (varicella)	Documented evidence of 2 doses of varicella vaccine given at least 28 days apart*(both doses must be given before signing the form) OR The student is immune to varicella		Dose 1 ___/___/___ Dose 2 ___/___/___ OR Serology report confirms immunity to varicella Report date ___/___/___ Result: _____
Influenza	A dose of vaccine given annually is highly recommended		See Influenza ** notes above
Hepatitis A	Not routinely required – see table in section 1		
Poliomyelitis	Documented evidence of completed childhood vaccination course or catch up vaccinations		
Tuberculosis	Screening test (skin test or blood test IGRA or Quantiferon gold for TB) in the last 2 years		Report date ___/___/___ Result: _____ Comment _____
Hepatitis B	The student has been fully vaccinated and has produced protective antibodies against hepatitis B OR The student is currently undergoing vaccination against hepatitis B OR There is documented evidence that the student is not susceptible to hepatitis B		Report date ___/___/___ Result: _____ Dose 1 ___/___/___ Dose 2 ___/___/___ Dose 3 ___/___/___ Evidence sighted – date ___/___/___

School Immunisation Program

You may have received some vaccines through the Australian School Immunisation Program.

Vaccines commonly received through the School Immunisation Program include:

- Diphtheria
- Tetanus
- Pertussis (whooping cough)
- Measles
- Mumps
- Rubella
- Chickenpox (Varicella, Varivax)

To obtain a record of immunisations received through the School Immunisation Program contact [Queensland Health](#) on 13 43 25 84.

Name of disease	Acceptable evidence of protection	Tick	Date(s)
Diphtheria, Tetanus, Pertussis	One documented dose of DTPa vaccine within last 10 years (in addition to CCV)		Date ___/___/___ Pertussis booster next due: ___/___/___
Measles, Mumps, Rubella	Documented evidence of 2 doses of MMR vaccine given at least 28 days apart (both doses must be given before signing the form) OR The student is immune to measles, mumps and rubella.		Dose 1 ___/___/___ Dose 2 ___/___/___ OR Serology report confirms immunity to measles, mumps and rubella Report date ___/___/___ Result: _____
Chickenpox (varicella)	Documented evidence of 2 doses of varicella vaccine given at least 28 days apart*(both doses must be given before signing the form) OR The student is immune to varicella		Dose 1 ___/___/___ Dose 2 ___/___/___ OR Serology report confirms immunity to varicella Report date ___/___/___ Result: _____
Influenza	A dose of vaccine given annually is highly recommended		See Influenza ** notes above
Hepatitis A	Not routinely required – see table in section 1		
Poliomyelitis	Documented evidence of completed childhood vaccination course or catch up vaccinations		
Tuberculosis	Screening test (skin test or blood test IGRA or Quantiferon gold for TB) in the last 2 years		Report date ___/___/___ Result: _____ Comment _____
Hepatitis B	The student has been fully vaccinated and has produced protective antibodies against hepatitis B OR The student is currently undergoing vaccination against hepatitis B OR There is documented evidence that the student is not susceptible to hepatitis B		Report date ___/___/___ Result: _____ Dose 1 ___/___/___ Dose 2 ___/___/___ Dose 3 ___/___/___ Evidence sighted – date ___/___/___



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Have you commenced your vaccination program?

Some vaccines are completed over several doses. If you have not already done so, you should commence your vaccination program immediately.

- Chickenpox – 2 doses at least 28 days apart.
 - History of past disease does not confirm immunity. Record of receipt of two (2) doses of the vaccine *or* serology report confirming immunity is required.
- Measles/Mumps/Rubella – 2 doses at least 28 days apart.
 - Record of receipt of two (2) doses of the MMR vaccine *or* serology report confirming immunity to all three diseases is required.

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Have you commenced your vaccination program?

- Hepatitis B – 3 doses over a 6 month period.
 - Serology report confirming immunity *or* confirmation of immunity from GP is required.
- Tuberculosis (Mantoux test) – 2 x 30 minute appointments 48 hours apart.
 - Results of TB screening test (skin test or blood test IGRA or Quantiferon gold).
 - Receipt of BCG vaccine does not indicate a negative result.

The Metro South Clinical TB Service at the Princess Alexandra Hospital, Brisbane conducts Mantoux testing free of charge. There is a wait list, so make your appointment today by phoning 07 3176 4141. Private pathology clinics also complete IGRA and Quantiferon Gold testing at a cost to students.

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Immunisation Record

This is an example of a complete Immunisation Form. It notes all the required information, including:

Receipt of DTPa vaccine within the last 10 years

Date that MMR and Chickenpox vaccines were received, with appropriate number of vaccines

Confirmation that polio vaccine program was completed

Results of Tuberculosis test

Immunity to Hepatitis B has been confirmed

This section must be completed by a medical practitioner

Name of disease	Acceptable evidence or protection	Tick	Date(s)
Diphtheria, Tetanus, Pertussis	One documented dose of DTPa vaccine within last 10 years (in addition to CCV)	<input checked="" type="checkbox"/>	Date <u>1/11/2015</u> Pertussis booster next due: <u>7/11/2025</u>
Measles, Mumps, Rubella	Documented evidence of 2 doses of MMR vaccine given at least 28 days apart (both doses must be given before signing the form) OR The student is immune to measles, mumps and rubella.	<input checked="" type="checkbox"/>	Dose 1 <u>2/2/1983</u> Dose 2 <u>9/8/1983</u> OR Serology report confirms immunity to measles, mumps and rubella Report date <u> / / </u> Result: <u> </u>
Chickenpox (varicella)	Documented evidence of 2 doses of varicella vaccine given at least 28 days apart* (both doses must be given before signing the form) OR The student is immune to varicella	<input checked="" type="checkbox"/>	Dose 1 <u>6/4/2014</u> Dose 2 <u>16/6/2014</u> OR Serology report confirms immunity to varicella Report date <u> / / </u> Result: <u> </u>
Influenza	A dose of vaccine given annually is highly recommended	<input type="checkbox"/>	See Influenza ** notes above
Hepatitis A	Not routinely required - see table in section 1	<input type="checkbox"/>	
Poliomyelitis	Documented evidence of completed childhood vaccination course or catch up vaccinations	<input checked="" type="checkbox"/>	<u>Full childhood program completed</u>
Tuberculosis	Screening test (skin test or blood test IGRA or Quantiferon gold for TB) in the last 2 years	<input checked="" type="checkbox"/>	Report date <u>9/7/2016</u> Result: <u>Negative QFT</u> Comment: <u> </u>
Hepatitis B	The student has been fully vaccinated and has produced protective antibodies against hepatitis B OR The student is currently undergoing vaccination against hepatitis B OR There is documented evidence that the student is not susceptible to hepatitis B	<input checked="" type="checkbox"/>	Report date <u>9/7/2016</u> Result: <u>Immune on serology</u> Dose 1 <u> / / </u> Dose 2 <u> / / </u> Dose 3 <u> / / </u> Evidence sighted - date <u> / / </u>

Immunisation Record

This is another example of a complete Immunisation Form. It notes all the required information, including:

Receipt of DTPa vaccine within the last 10 years

Confirmation of Immunity to Measles/Mumps/Rubella and Chickenpox

Dates of polio vaccine

Results of Tuberculosis skin test

Immunity to Hepatitis B has been confirmed

This section must be completed by a medical practitioner

Name of disease	Acceptable evidence of protection	Tick	Date(s)
Diphtheria, Tetanus, Pertussis	One documented dose of DTPa vaccine within last 10 years (in addition to CCV)		Date <u>7/11/2015</u> Pertussis booster next due: <u>7/11/2025</u>
Measles, Mumps, Rubella	Documented evidence of 2 doses of MMR vaccine given at least 28 days apart (both doses must be given before signing the form) OR The student is immune to measles, mumps and rubella.		Dose 1 <u> </u> / <u> </u> / <u> </u> Dose 2 <u> </u> / <u> </u> / <u> </u> OR Serology report confirms immunity to measles, mumps and rubella Report date <u>9/7/2016</u> Result: <u>Immune to MMR</u>
Chickenpox (varicella)	Documented evidence of 2 doses of varicella vaccine given at least 28 days apart*(both doses must be given before signing the form) OR The student is immune to varicella		Dose 1 <u> </u> / <u> </u> / <u> </u> Dose 2 <u> </u> / <u> </u> / <u> </u> OR Serology report confirms immunity to varicella Report date <u>9/7/2016</u> Result: <u>Immune Varicella zoster</u>
Influenza	A dose of vaccine given annually is highly recommended		see influenza ** notes above
Hepatitis A	Not routinely required - see table in section 1		<u>IMMUNE</u>
Poliomyelitis	Documented evidence of completed childhood vaccination course or catch up vaccinations		<u>4/1/82, 4/3/82, 4/5/82, 4/7/82</u>
Tuberculosis	Screening test (skin test or blood test IGRA or Quantiferon gold for TB) in the last 2 years		Report date <u>9/7/2016</u> Result: <u>Negative skin test</u> Comment: <u>None</u>
Hepatitis B	The student has been fully vaccinated and has produced protective antibodies against hepatitis B OR		Report date <u>9/7/2016</u> Result: <u>Immune</u>
<i>2 dose course appropriate for adolescent schedule only.</i>	The student is currently undergoing vaccination against hepatitis B OR There is documented evidence that the student is not susceptible to hepatitis B		Dose 1 <u> </u> / <u> </u> / <u> </u> Dose 2 <u> </u> / <u> </u> / <u> </u> Dose 3 <u> </u> / <u> </u> / <u> </u> Evidence sighted - date <u> </u> / <u> </u> / <u> </u>

Immunisation Record

This is an example of an incomplete Immunisation Record. Note the following:

DPTa vaccine has expired

No record of second dose of Chickenpox vaccine or immunity to disease

Polio vaccines not received

Results of Tuberculosis test are positive, with no further information provided by GP

Immunity to Hepatitis B has not been confirmed. Receipt of vaccines does not confirm immunity



Name of disease	Acceptable evidence of protection	Tick	Date(s)
Diphtheria, Tetanus, Pertussis	One documented dose of DTPa vaccine within last 10 years (in addition to CCV)		Date <u>4/6/2001</u> Pertussis booster next due <u> </u>
Measles, Mumps, Rubella	Documented evidence of 2 doses of MMR vaccine given at least 28 days apart (both doses must be given before signing the form) OR The student is immune to measles, mumps and rubella.		Dose 1 <u>4/6/2001</u> Dose 2 <u>8/1/2012</u> OR Serology report confirms immunity to measles, mumps and rubella Report date <u> </u> / <u> </u> / <u> </u> Result: <u> </u>
Chickenpox (varicella)	Documented evidence of 2 doses of varicella vaccine given at least 28 days apart* (both doses must be given before signing the form) OR The student is immune to varicella		Dose 1 <u>4/6/2001</u> Dose 2 <u> </u> / <u> </u> / <u> </u> OR Serology report confirms immunity to varicella Report date <u> </u> / <u> </u> / <u> </u> Result: <u> </u>
Influenza	A dose of vaccine given annually is highly recommended		See Influenza ** notes above
Hepatitis A	Not routinely required – see table in section 1		
Polio/myelitis	Documented evidence of completed childhood vaccination course or catch-up vaccinations		
Tuberculosis	Screening test (skin test or blood test IGRA or Quantiferon gold for TB) in the last 2 years		Report date <u>9/7/16</u> Result: <u>Positive skin test</u> Comment: <u> </u>
Hepatitis B	The student has been fully vaccinated and has produced protective antibodies against hepatitis B OR 2 dose course appropriate for adolescent schedule only. The student is currently undergoing vaccination against hepatitis B OR There is documented evidence that the student is not susceptible to hepatitis B		Report date <u> </u> / <u> </u> / <u> </u> Result: <u> </u> Dose 1 <u>25/3/2010</u> Dose 2 <u>22/10/2010</u> Dose 3 <u>23/3/2011</u> Evidence sighted – date <u> </u> / <u> </u> / <u> </u>

Immunisation Record

This is another example of an incomplete Immunisation Record. Note the following:

DPTa vaccine has expired
 GP has not recorded the results of MMR serology reports

GP has not recorded the results of Chickenpox serology report

Receipt of BCG vaccine does not meet TB requirements

GP has not recorded the results of Hep B serology report



This form must be completed by a medical practitioner

Name of disease	Acceptable evidence of protection	Test	Date(s)
Diphtheria, Tetanus, Pertussis	One documented dose of DTPa vaccine within last 10 years (in addition to CCV)		Date <u>2/6/2001</u> Pertussis booster next due: ___/___/___
Measles, Mumps, Rubella	Documented evidence of 2 doses of MMR vaccine given at least 28 days apart (both doses must be given before signing the form) OR The student is immune to measles, mumps and rubella.		Dose 1 ___/___/___ Dose 2 ___/___/___ OR Serology report confirms immunity to measles, mumps and rubella Report date <u>9/7/16</u> Result:
Chickenpox (varicella)	Documented evidence of 2 doses of varicella vaccine given at least 28 days apart* (both doses must be given before signing the form) OR The student is immune to varicella		Dose 1 ___/___/___ Dose 2 ___/___/___ OR Serology report confirms immunity to varicella Report date <u>9/7/16</u> Result:
Influenza	A dose of vaccine given annually is highly recommended		See Influenza ** notes above
Hepatitis A	Not routinely required – see table in section 1		
Polio	Documented evidence of completed childhood vaccination course or catch up vaccinations		<u>Childhood vaccines received</u>
Tuberculosis	Screening test (skin test or blood test IGRA or Quantiferon gold for TB) in the last 2 years		Report date <u>9/7/16</u> Result: Comment <u>BCG vaccine</u>
Hepatitis B	The student has been fully vaccinated and has produced protective antibodies against hepatitis B OR 2 dose course appropriate for adolescent schedule only. The student is currently undergoing vaccination against hepatitis B OR There is documented evidence that the student is not susceptible to hepatitis B		Report date <u>9/7/16</u> Result: Dose 1 ___/___/___ Dose 2 ___/___/___ Dose 3 ___/___/___ Evidence sighted – date ___/___/___