

## Section 1: Information for students enrolled in programs in the School of Health and Rehabilitation Sciences (SHRS)

Students enrolled in programs offered by our School are **REQUIRED** to provide evidence of their immunisation status for the diseases listed in the table below. This list is supported by the Australian Immunisation Handbook 2013 and Queensland Health policy.

The attached immunisation record is to be completed by a **REGISTERED MEDICAL PRACTITIONER**. It is most important you **obtain your past immunisation record (s) and take this information to the medical practitioner who will complete this form for you.**

**Note** - Medical Practitioner must not be related to student.

Name of disease	Requirements
Poliomyelitis	Complete childhood vaccination course (CCV)
Diphtheria	CCV and DTP booster as adolescent/adult within last 10 years
Tetanus	CCV and DTP booster as adolescent/adult within last 10 years
Pertussis	CCV and DTP booster as adolescent/adult within last 10 years
Measles	2 doses or failing this a blood test showing immunity
Mumps	2 doses or failing this a blood test showing immunity
Rubella	2 doses or failing this a blood test showing immunity
Chickenpox	Fully immunised or blood test showing immunity
Influenza	Date of vaccination (annual requirement- in autumn)
Hepatitis A	Not routinely required - only needed if working in high risk countries or communities- intellectually impaired persons/rural and remote indigenous communities/frequent contact with children from rural and remote indigenous communities
Hepatitis B	Completed immunisation course and serology results confirming immunity
Tuberculosis (TB)	TB screening is required

### Notes

#### Influenza

This vaccination is only available during autumn and must be obtained annually as per medical recommendations. Proof of vaccination including date may be submitted separately and updated on an annual basis.

#### Tuberculosis (TB)

Students can undergo pre-screening free of charge from the Metro South Clinical Tuberculosis Service, Princess Alexandra Hospital Campus, via Cornwall Street, Woolloongabba, Brisbane (there can be long waiting times for testing). Alternatively this service may be obtained from private pathology laboratories on referral from a medical practitioner (charges may apply). The result of the screening is required prior to completion of the attached form

Students should make arrangements to obtain any required vaccinations immediately and return the completed immunisation record along with any supporting documentation, if appropriate.

**Records will remain incomplete until all requirements have been met.**  
**Students are reminded that clinical placements will not be permitted unless this record is complete.**

## Section 2: Student Immunisation Record

**To be completed by Medical Practitioner**

### Student Details

<b>Student Name:</b> (BLOCK LETTERS)	Surname			First Name	Other Names
<b>Student Number:</b>		<b>Date of Birth:</b>			

### Vaccination Details

Name of disease	History of past disease? (If unsure answer no)	Previously vaccinated against this disease? (If yes indicate the date vaccination was completed)	If you did not vaccinate student against this disease state why (for example - your serology results showed satisfactory immunity levels)
Poliomyelitis	yes / no		
Diphtheria	yes / no		
Tetanus	yes / no		
Pertussis	yes / no		
Measles	yes / no		
Mumps	yes / no		
Rubella	yes / no		
Chickenpox	yes / no		
Influenza	yes / no		
Hepatitis A	yes / no	Not routinely required	

### Tuberculosis

Tuberculosis	Results
<b>Provide the following:</b> Result of screening test. (skin test or blood test IGRA or Quantiferon gold for TB)	<b>Comments:</b>

### Hepatitis B status

Hepatitis B Status	Dates of vaccination	Serology Result
Date of vaccinations and serology result confirming immunity or statement of susceptibility to disease		<b>Immunity to Hepatitis B confirmed?</b> Yes / No  <b>Comment</b>

## Section 3: Medical Practitioner Declaration

I declare that the requirements specified above have been assessed and actioned in accordance with the immunisation status of the student named on this form, and have been entered above in compliance with the immunisation entry requirements for the School of Health and Rehabilitation Sciences.

Medical Practitioner	Contact Details	Signature:
Medical Practitioner Name and contact details  (please print or stamp)		
		<b>Date:</b>

## Section 4: Student Declaration

I understand the School of Health and Rehabilitation Sciences' requirements outlined in this document and agree to submit this information as a true and correct record of my compliance with these requirements.

In addition, I agree to provide updated information as necessary and in particular in relation to any required vaccinations.

<b>Student Name:</b> (BLOCK LETTERS)	Surname							First Name		Other Names	
<b>Phone No.:</b>				<b>Email:</b>							
<b>Student Number:</b>				<b>Year of Program:</b>		<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup>	<input type="checkbox"/> 4 <sup>th</sup>		
<b>Program please tick relevant section</b>	Bachelor			Graduate Entry Masters			Master (Speciality)				
Audiology											
Occupational Therapy											
Physiotherapy											
<b>Signature:</b>							<b>Date:</b>				

**The Immunisation record is to be completed in consultation with a Registered Medical Practitioner and returned by the student to:**

<b>The Student and Academic Support Unit</b> <b>Level 3, Therapies (84a)</b> <b>School of Rehabilitation and Health Sciences</b> <b>The University of Queensland</b> <b>Brisbane 4072</b> <b>Queensland, Australia</b>	<b>Domestic</b> Phone: + 61(7) 3365 4506 Fax: + 61(7) 3346 8789  <b>International</b> Phone: Outside Australia: + 61 3 8676 7004 Within Australia (Free Call): 1800 671 980
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## Section 5: For Office Use Only

<b>Student Name:</b> (BLOCK LETTERS)	Surname							First Name		Other Names	
<b>Student Number:</b>				<b>Year of Program:</b>		<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup>	<input type="checkbox"/> 4 <sup>th</sup>		

### Immunisation Record

<b>Immunisation record complete:</b>	Yes / No	<b>Date verified:</b>	
<b>Name of office worker:</b>		<b>Signature:</b>	

*\* Students that have not attained Hepatitis B Immunity should be referred to the UQ Health Service for further specialist advice.*

<b>Name of office worker:</b>		<b>Signature:</b>	
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**If 'NO' to the above, further action is required, and details must be provided in Section 6.**

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## Section 6: Details of follow-up action taken by School Administration

This information must remain confidential and will be retained in the students file