

### Section 1: Information

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 2015 update 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.**

Name of disease	Requirements
<b>Pertussis*, Diphtheria, Tetanus</b>	Complete childhood vaccination course (CCV). Booster as adolescent/adult within last 10 years.
<b>Measles*, Mumps* &amp; Rubella*</b>	2 doses at least one month apart or failing this a blood test showing immunity
<b>Varicella (Chickenpox)*</b>	Fully immunised (2 varicella vaccinations) or a blood test showing immunity
<b>Influenza**</b>	Date of vaccination ( annual vaccination in autumn strongly recommended )
<b>Hepatitis A</b>	Not routinely required - recommended for Health Care Workers who work in remote Indigenous communities or with Indigenous children in NT, Qld, SA and WA, and other specified healthcare workers in some jurisdictions
<b>Hepatitis B*</b>	Immune to hepatitis B or currently being vaccinated against hepatitis B or not susceptible to hepatitis B
<b>Tuberculosis (TB)*</b>	TB screening is required
<b>Poliomyelitis</b>	Complete childhood vaccination course (CCV)

### Notes

#### Mandatory requirement\*

##### Influenza\*\*

Healthcare workers can transmit influenza to persons at increased risk of complications from influenza infection. Vaccination in the autumn of each year greatly reduces this risk. Healthcare students are strongly encouraged to have Influenza vaccination annually. Students should retain proof of vaccination in the event that it is required for a particular placement site/hospital attachment.

##### 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 will apply – please confirm cost with service provider*). 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 and access to clinics will not be permitted unless this record is complete.**

## Section 2: Evidence of Vaccination / Immunisation

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

**This section must be completed by a medical practitioner**

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

## 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. The student has been made aware of any vaccination or serology follow up in relation to completing the requirements of this form.

Name of Medical Practitioner/ Provider number	Contact Details or Practice stamp
Signature:	Date:
Is further follow up required? Please insert details;	

## 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.

Student Name: (BLOCK LETTERS)	Surname							First Name		Other Names	
Phone No.:				Email:							
Student Number:				Year of Program:	<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>			
Program please tick relevant section	Bachelor		Graduate Entry Masters			Master (Speciality)					
Audiology											
Occupational Therapy											
Physiotherapy											
Speech Pathology											
Signature:					Date:						

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

<b>SHRS Document Submission Portal.</b>  Please submit your updated documents via the SHRS Document Submission Portal on Blackboard.  To access Blackboard visit <a href="https://learn.uq.edu.au">https://learn.uq.edu.au</a> and log on using your UQ username/student ID and associated password.	<b>Enquiries</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.**  
**If 'NO' to above, further action is required, and details must be provided in Section .**

## Section 6: Outstanding requirements

Details of follow-up action taken by School Administration	

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