

Health Record and Immunisation Form

I hereby request and give consent for the doctor identified on the bottom of page 4 to complete this form in relation to my health information. I understand that the information is being collected by James Cook University for the purpose of administration of my admission and enrolment at James Cook University including (without limitation) for the purpose of administration of any professional experience placements. I authorise James Cook University to disclose my personal/sensitive information to:

- (a) placement facilities; and
- (b) The Australian Health Practitioner Regulation Agency (AHPRA) - only if required under the AHPRA mandatory guidelines.

I understand that all blood test and vaccine costs will be the responsibility of the student.

Student name:

Student Number:

Course of Study

DOB

Student Signature

Doctor Instructions – How to fill out this form

Please complete sections 1 to 5 (where required); otherwise, the student cannot enrol in a course with a placement or attend placements.

Please provide the student with the completed form and, where possible, please initial and attach pathology results.

Notes

1. Students should be vaccinated in accordance with the recommendation of the current edition of the National Health and Medical Research Council Australian Immunisation Handbook, 10th ed.:
 - A) Hepatitis B:** The minimum recommended Hepatitis B vaccination schedule is 1st dose: day of vaccination, 2nd dose: 1 month after first dose and 3rd dose: 4-6 months after the first dose, with serology testing undertaken one month after the third dose. For adolescents between the ages of 11-15 Hepatitis B vaccine may be given as a two-dose course, with the two doses 4-6 months apart. An accelerated Hepatitis B schedule of vaccination is not recommended as the course will not be completed until the 4th dose at 12 months, and NSW Health does not accept an accelerated schedule for vocational placement. Anti-HBs (Hepatitis B surface antibody) greater than or equal to 10mIU/mL indicates immunity. If the result is less than 10 mIU/mL, this indicates a lack of immunity. Documented evidence that an individual is not susceptible to Hepatitis B infection and therefore does not require immunisation may include serology tests indicating the presence of Hepatitis B core Antibody (Anti-HBc) or a documented history of past Hepatitis B infection. Students who are Hepatitis B antigen positive (HBsAg), indicating active infection (acute or chronic), do not have to disclose their Hepatitis B infection status unless they perform exposure-prone procedures.
 - B) Measles, Mumps and Rubella:** Documented evidence of positive antibody (IgG) for each indicates evidence of serological immunity or documented proof of 2 MMR vaccinations at least one month apart.
 - C) Varicella:** Documented evidence of positive varicella antibody (IgG) on serology or 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).
 - D) Pertussis:** Documented evidence of pertussis booster vaccination in the previous 10 years
2. Letters from medical practitioners or other vaccine service providers should be on practice/facility letterhead, signed by the provider/practitioner, including professional designation and service provider number (if applicable).
3. Section 4: Inherent Requirements the fundamental abilities, attributes, skills and behaviours necessary to complete the learning and practical outcomes of a course while preserving the academic integrity of JCU's learning, assessment and accreditation process. To enable a student to graduate from a course of study, the student must be able to complete all the components of the course, including all mandatory laboratory, workplace simulation and professional experience placement requirements. James Cook University must ensure that students are able to comply with work health and safety standards of all learning environments. If a student has a disability, long term illness or mental health condition, James Cook University may be able to provide adjustments to support the student to participate in their program. Study adjustments are individualised to the student's particular circumstances and their program of study. The information provided in Section 4—Inherent Requirements will be used to facilitate an initial conversation between the student, the Discipline Placement Coordinator and AccessAbility Services in order to ascertain whether the student will be able to meet the inherent requirements for the course in which the student is enrolled and to determine whether any reasonable adjustments are able to be made to assist the student in meeting the inherent requirements.

STUDENT NAME:

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Section 1: Vaccine Preventable Diseases

VACCINE PREVENTABLE DISEASE	DATE OF VACCINATION (Including any childhood vaccinations) Please record dates of vaccination .	DOCTOR / IMMUNISATION NURSE SIGNATURE Please sign when dose given or evidence sighted.	SEROLOGY Seek evidence of past immunity, if unavailable request serology	OTHER EVIDENCE
Measles, Mumps, Rubella Evidence of completion of immunisation schedule	Dose 1 Date:	Signature:	Date ___/___/___ <input type="radio"/> Serology confirms immunity to Measles, Mumps and Rubella OR Booster Vaccination (if required) Date ___/___/___	<input type="radio"/> Birth date before 1966 No vaccination or serology required for students born before 1966.
	Dose 2 Date (4 weeks)	Signature: OR		
Varicella (Chicken Pox) Evidence of completion of immunisation schedule Two dose course only required if initiated after 14 years of age.	Dose 1 Date	Signature:	Date ___/___/___ <input type="radio"/> Serology confirms immunity to Varicella OR	Date ___/___/___ <input type="radio"/> Documented history of physician-diagnosed chicken-pox or shingles * See Point 5 (Page 1)
	Dose 2 Date (4 weeks)	Signature: OR		
Pertussis (Whooping Cough) Evidence of one adult dose of dTpa within the past ten (10) years.	Date:	Signature:	Not applicable	
Hepatitis B Documented history of two or three doses for age appropriate course (including any childhood vaccinations) of Hepatitis B vaccine	Dose 1 Date	Signature:	Date ___/___/___ OR Please tick as applicable <input type="radio"/> Serology confirms immunity to Hepatitis B Anti-HBs greater than or equal to 10mIU/mL * See Point 3 (Page 1) <input type="radio"/> Negative Please refer to section 1A for further information	Date ___/___/___ <input type="radio"/> Documented evidence that the Individual is not susceptible to Hepatitis B *See point 4 (Page 1)
	Dose 2 Date (4 weeks)	Signature:		
	Dose 3 Date (4-6 months)	Signature:		

Section 1A: Hepatitis B Supplementary Doses (if required)

Hepatitis B If HBsAb remains negative 4 to 8 weeks post supplementary dose regime please complete Section 2: Non Responder to Hepatitis B immunisation acknowledgement.	Dose 4 Date (challenge)	Signature:	Date ___/___/___ <input type="radio"/> Immune * See Point 3 (Page 1) Anti-HBs greater than or equal to 10mIU/mL <input type="radio"/> Negative Proceed to dose 5/6
	Dose 5 Date (if required) (1 mth)	Signature:	Date ___/___/___ <input type="radio"/> Immune * See Point 3 (Page 1) Anti-HBs greater than or equal to 10mIU/mL <input type="radio"/> Negative
	Dose 6 Date (if required) (4-6 months)	Signature:	

Section 2: NON-Responder to Hepatitis B Vaccine Acknowledgement:

ONLY complete if student has not responded to the Hepatitis B Vaccination booster regime.

The student does not have adequate post-vaccination Hepatitis B antibodies detected and the student and I have discussed risk and prevention required whilst on clinical placement.

The student is aware of the recommended management in the event of a potential exposure to Hepatitis B, including the recommendations for administration of Hepatitis B immunoglobulin (HBIG) .

The student is aware that if they undertake exposure prone procedures throughout the course of their study that they have a responsibility to have regular Hepatitis B screening at least annually and after any blood or body fluid exposure.

Doctor Name (PRINT)

Doctor Signature

Date

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STUDENT NAME:

Section 3: Exposure Prone Procedures : Only required for students studying the below listed courses.

This section can be completed and submitted as a stand alone form.

- ⇒ **Bachelor of Dental Surgery & Postgraduate Dental students** will undertake exposure prone procedures throughout the course of their study and are required to complete **testing annually from the commencement of the program.**
- ⇒ **Dual Degree program of Bachelor of Nursing/Bachelor Midwifery and Graduate Diploma of Midwifery** may undertake exposure prone procedures throughout the course of their study. Testing required at the **commencement** of the program.
- ⇒ **Bachelor of Medicine/Bachelor of Surgery** may undertake exposure prone procedures from **Year Level 4** of the course and are required to complete testing **by the start of 4th Year.**

The current Communicable Diseases Network Australia (CDNA) guidelines define an exposure prone procedure as 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.

Student name:

Student Number:

Course of Study

Current Year Level

Please note:

This section **must** be completed by a registered General Practitioner.

The Doctor **must not** be a relative or someone with whom you have a close personal relationship

Serology only accepted if done in the current calendar year.

Students must be aware of their status, however they are not required to provide evidence of their status.

Date of HIV testing:	/	/	Date of HCV testing:	/	/
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This student is aware of their infectious status with regards to HIV and HCV.

This student is aware of any consequent implications on their ability to perform exposure prone procedures.

This Student is able to participate in Exposure Prone Procedures: YES

NO

Doctor Name:

Doctor Signature:

Date:

STUDENT NAME:

