## **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 admissionand 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 attendplacements. 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 1<sup>st</sup> dose: day of vaccination, 2<sup>nd</sup> dose: 1 month after first dose and 3<sup>rd</sup> 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:

VACCINE PREVENTABLE	DATE OF VACCINATION	DOCTOR /	SEROLOGY	OTHER
DISEASE	(Including any childhood vaccinations)	IMMUNISATION NURSE SIGNATURE		EVIDENCE
	Please record dates of vaccination .	Please sign when dose given or evidence sighted.	Seek evidence of past immunity, if unavailable request serology	
Measles, Mumps, Rubella Evidence of completion of	Dose 1 Date:	Signature:	Date / /	O Birth date
nunisation schedule			<ul> <li>Serology confirms</li> </ul>	before 1966
	Dava 2 Data	Circulture	immunity to Measles, Mumps and Rubella	No vaccination or serology required
	Dose 2 Date (4 weeks)	Signature:	R Manps and Rabeira OR	for students born before 1966.
			Booster Vaccination (if required)	belole 1900.
			Date//	
/aricella (Chicken Pox)	Dose 1 Date	Signature:	Date / /	Date / /
vidence of completion of mmunisation schedule			O Serology confirms	O Documented
	Dose 2 Date	Signature:	or mmunity to Varicella	history of physiciar diagnosed chicken-
	(4 weeks)			pox or shingles
wo dose course only required if initiated free free free free free free free fr				* See Point 5 (Page 1)
Pertussis (Whooping Cough)	Date:	Signature:	Not applicable	
he past ten (10) years.				
-	Dose 1 Date	Signature:	Date / /	Date / /
•		0	R Please tick as applicable	O Documented
	Dose 2 Date (4 weeks)	Signature:	O Serology confirms	evidence that the Individual is not
	Dose 2 Date (4 weeks)		immunity to Hepatitis B Anti-HBs greater than or	susceptible to
			equal to 10mIU/mL * See Point 3 (Page 1)	Hepatitis B *See point 4 (Page 1)
	Dose 3 Date (4-6 months)	Signature:	O Negative	
			Please refer to section	
ection 1A: Hepatitis B Su	pplementary Doses (if	f required)		
lepatitis B	Dose 4 Date (challenge)	Signature:	Date / /	
Documented history of two or         hree doses for age appropriate         course (including any childhood         vaccinations) of Hepatitis B vac-         cine         Dos         Section 1A: Hepatitis B Supple         Hepatitis B         Dos         f HBsAb remains negative 4 to 8         veeks post supplementary dose         egime please complete         Exection 2: Non Responder to			O Immune * See Point 3 (Page 1) Anti-HBs greater than or	
			equal to 10mIU/mL	
0			<ul> <li>Negative</li> <li>Proceed to dose 5/6</li> </ul>	
If HBsAb remains negative 4 to 8 weeks post supplementary dose regime please complete <u>Section 2:</u> Non Responder to	<b>Dose 5 Date</b> (if required)	Signature:	Date//	
			• O Immune * See Point 3 (Page 1) • Anti-HBs greater than or	
lepatitis B immunisation acknowledgement.	<b>Dose 6 Date</b> (if required) (4-6 months)	Signature	equal to 10mIU/mL • <b>Negative</b>	
Section 2: NON-Responde	n to Henatitis B Vaccin	Acknowledgement:		
ONLY complete if student has			regime.	
The student does not have adequa	te post-vaccination Hepatitis E			isk and prevention
required whilst on clinical placeme The student is aware of the recom		event of a potential exposure to	• Hepatitis B, including the rec	commendations for
administration of Hepatitis B immu The student is aware that if they u	Inoglobulin (HBIG) .			
the sumering aware marin may li			or their study that they have a	a responsibility to ha
regular Hepatitis B screening at lea	Doctor	Signature	Date	
regular Hepatitis B screening at lea	Doctor S	Signature	Date	/ /

James Cook University, Academy , Version 3.8 April 2023

# Health Record and Immunisation Form

**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.
- ⇒ Duel 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:

Course	of	Study

Student Number:

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	/	/	Date of HCV	/	/	
testing:			testing:			

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.

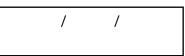
This Student is able to participate in Exposure Prone Procedures: YES

№ Г

## **Doctor Name:**

**Doctor Signature:** 

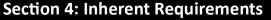
Date:



## STUDENT NAME:

James Cook University, Academy , Version 3.8 April 2023

## Health Record and Immunisation Form



Inherent requirements are 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 processes. Students must be able to demonstrate that they have the ability to acquire the inherent requirements for the duration of their œurse. (All students who intend to participate in laboratory, workplace simulation environments and undertake professional experienœ placements (PEP) are required to establish and maintain their medical, physical and psychological capacity to practice safely <u>https://www.jcu.edu.au/learning-and-teaching/resources/inherent-requirements</u>

Please list any known medical conditions, physical conditions, psychological issues or medication requirements which may impar the student's capacity to safely participate in laboratory, workplace simulation environments and undertake professional experience placements (PEP) in a variety of clinical settings.

## Section 5: Completing Doctor details

Doctor Name:	Date:			
	/ /			
Doctor Signature:	Practice stamp or facility name and address:			
Provider Number:				
Section 6: Student Declaration				
declare that the information provided on this fo	rue and correct.			
itudent Name:	lent Signature: Date:	Date:		
	/ /			

## STUDENT NAME:

James Cook University, Academy , Version 3.8 April 2023