

# 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

1. Please complete sections 1 to 5 (where required) otherwise the student will not be able to enrol in a course with a placement, nor attend placements.
2. Please provide the student with the completed form and where possible 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.
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. In accordance with the Australian Immunisation Handbook, 10<sup>th</sup> ed., the minimum recommended Hepatitis B vaccination schedule is 0 month (first dose), 1 month (second dose) and 4-6 months (third 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 4<sup>th</sup> 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 10mIU/mL indicates immunity. If the result is less than 10 mIU/mL this indicates lack of immunity.
4. 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.
5. For Measles, Mumps, Rubella and Varicella: Positive IgG (immunoglobulin G) indicates evidence of serological immunity, which may result from either natural infection or immunisation.
6. Varicella immunisation requires 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).

**STUDENT NAME:**

# Health Record and Immunisation Form

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

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

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

 /  / 

**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.**
- ⇒ **Bachelor of Nursing/Bachelor of Midwifery** may undertake exposure prone procedures throughout the course of their study. Testing required at the **commencement** of the program.
- ⇒ **Bachelor of Health Science (Physician Assistant)** 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:**

## Section 4: Inherent Requirements

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 course. (All students who intend to participate in laboratory, workplace simulation environments and undertake professional experience placements (PEP) are required to establish and maintain their medical, physical and psychological capacity to practice safely. <https://www.jcu.edu.au/learning-and-teaching/resources/inherent-requirements>

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.

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

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## Section 5: Completing Doctor details

Doctor Name:

Date:

Doctor Signature:

Practice stamp or facility name and address:

Provider Number:

## Section 6: Student Declaration

I declare that the information provided on this form is true and correct.

Student Name:

Student Signature:

Date:

STUDENT NAME: