

All students undertaking an award within Institute of Health & Nursing Australia with a clinical/work experience placement component are required to ensure immunisations are up to date.

Please read the following information carefully:

- All students attending clinical/work experience placement are required to provide an up to date immunisation record to staff at their allocated placement venue before they can begin their clinical/work experience placement. **In WA they must show proof of immunity (not just proof of immunisation) for all childhood and adult vaccinations.**
- Failure to comply with the requirements may jeopardise completion of your studies. Students cannot undertake clinical/work experience practice until these clearance requirements are attended to.
- You must carry your proof of immunity or vaccination with you at all times when on clinical/work experience placements.
- For healthcare students who were born overseas or have lived overseas in a high TB incidence country for more than 3 months, screening for Tuberculosis will also be required.
- All decisions regarding the appropriateness of an individual to undertake a placement is entirely up to the placement venue and the Institute takes no responsibility for these decisions.
- As a condition of placement, students are required to review the information regarding the evidence required for vaccination and serology (blood tests) before completing and submitting all required documentation.
- You could also take this with you to your General Practitioner (GP) when requesting vaccination/ serology (blood tests) or documentation to ensure that they provide the correct documents required.
- Records of vaccinations and proof of immunity that were received from overseas must be in English (translations must be certified) and contain enough information about the vaccine (e.g. brand, active components, batch numbers, if available) and vaccination date to enable an assessor to determine if they fulfil the requirements. from overseas must
- Please attach a copy of your immunization records or evidence of immunity with this completed form.

Evidence required for vaccination/immunity

For each disease requiring evidence of vaccination provide at least ONE of the following:

1. Documentation on an Adult Vaccination Card (AVC) or immunisation card equivalent
2. Included in a statement from a GP Practice on the Practice letter head
3. Overseas / interstate vaccination documents

Information provided MUST include:

- Date
- Batch number
- Vaccine brand name
- Signature of immunisation provider
- Practice/provider stamp
- Or a combination of 3 of these details

Evidence of serology (blood tests / pathology)

For each disease requiring evidence of serology (blood tests), provide at least ONE of the following:

1. Pathology results on Pathology Service letter head
2. Included in a statement from a GP Practice on the Practice letter head (Written result including result value – signed by GP)

Student Name			
Date of Birth			
Phone or email			
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
VACCINATION/ SEROLOGY REQUIRED		EVIDENCE REQUIRED	Date Achieved
1.	Diphtheria, tetanus, pertussis (whooping cough)	Vaccination	_/_/_
	<u>Vaccination</u> <ul style="list-style-type: none"> One <u>adult</u> dose of diphtheria/ tetanus/ Pertussis vaccine (dTpa) NB: MUST have <u>all three diseases covered</u> e.g. ADT vaccine does not cover you for Pertussis and you will be required to have repeat vaccine with Adacel or Boostrix 		
2.	Hepatitis B	Vaccinations	_/_/_ _/_/_ _/_/_
	<u>Vaccinations</u> <ul style="list-style-type: none"> Documented evidence of a completed, age appropriate course of hepatitis B vaccination i.e. (If vaccinated as an adult > = 20 yrs old – a total of 3 doses of 1mL adult formula at 0, 1 & 3-6 months) NB: Where there is a history of vaccination and anti-HBs >= 10 but no documentation, it is reasonable to accept that they have been vaccinated as per the appropriate schedule, this may be accepted as compliance. <p style="text-align: center;">AND</p>		
	<u>Serology</u> <ul style="list-style-type: none"> This is required in addition to hepatitis B vaccination. <p><i>Aim is to have: Anti-HBS >= 10m/U/mL</i></p> <p style="text-align: center;">OR</p> <p><i>Documented evidence of anti-HBc, indicating past hepatitis B infection. (NB if anti-HBc positive (indicating past hepatitis B infection) additional investigation may be required).</i></p>		
	Serology	_/_/_	
	Serology Follow-up required?	yes / no yes / no	
3.	Measles, Mumps, Rubella (MMR)	Vaccination / booster	_/_/_
	<u>Vaccinations</u> <ul style="list-style-type: none"> 2 doses of MMR vaccine at least one month apart, or booster <p style="text-align: center;">OR</p>		

	<u>Serology</u> <ul style="list-style-type: none"> Positive IgG for measles Positive IgG for mumps Positive IgG for rubella 	Serology Serology Serology	__/__/__ __/__/__ __/__/__
4.	<u>Varicella (Chickenpox)</u>		
	<u>Vaccinations</u> <ul style="list-style-type: none"> 2 doses of varicella vaccine at least one month apart. Evidence of 1 dose is sufficient if the person was vaccinated before 14 years of age <p style="text-align: center;">OR</p> <u>Serology</u> <ul style="list-style-type: none"> Positive for varicella 	Vaccinations Serology	__/__/__ __/__/__ __/__/__ __/__/__
5.	<u>Tuberculosis (TB) (Not Applicable for Certificate Courses)</u>		
	<u>Vaccination</u> <ul style="list-style-type: none"> BCG vaccination Provide any available evidence of previous TB screening e.g. Tuberculin Skin Test (TST) or Mantoux test 	Vaccination Result Assessed by a TB service? Cleared by specialist? Follow-up required? Counselling organised?	__/__/__ positive / negative yes / no yes / no yes / no yes / no
6.	<u>MRSA clearance</u> It is a requirement that all students have an MRSA clearance prior to commencing clinical/work experience placements. NB: International Students attending clinical/work experience placement in Western Australia & ACT will need to conduct MRSA clearance in Australia also.	Result ***WA IRON students test at IHNA Perth college	positive / negative
7.	<u>Meningococcal vaccine (Not Applicable for Certificate Courses)</u>		
	<u>Vaccination</u> <ul style="list-style-type: none"> Vaccination as required 	Vaccination	__/__/__

8.	<u>Influenza</u> Annual influenza is not a requirement, though is strongly recommended.	Vaccination	_/_/_
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Medical Condition / Disability – History

1. Please indicate if you have a current medical condition/s. **Yes** **No**
2. Please indicate if you have a disability. **Yes** **No**
 If 'yes' to 1 or 2 above:
3. Please give details of medical condition / disability.

4. Do you use aids to assist you with your medical condition / disability? Please give details.

Note: All the students must complete and submit the medical history or disability report during the enrolment. You may be asked to undertake vaccination in Australia at your own cost.

Declaration: I hereby declare that all the information provided in this questionnaire is correct and true and I acknowledge complete responsibility for such, whether written in by me or by another person on my behalf.

Signature _____ **Date** ____/____/____

Full Name _____

Please return completed form with attached documents one week prior to commencement of your course to:

Institute of Health & Nursing, Australia
597-599 Upper Heidelberg Road,
Heidelberg Heights, VIC 3081
Australia

Institute of Health & Nursing, Australia
Level 2 Carillon Arcade
680 -692 Hay Street Mall
Perth, WA 6000 Australia

To be completed by a GP/Nurse Practitioner		
Student Immunisation Declaration Form completed and required evidence received:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Officer name:	Signature:	Date: