



**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 immunization) 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)

<b>Student Name</b>			
<b>Date of Birth</b>			
<b>Phone or email</b>			
<b>Sex</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
VACCINATION/ SEROLOGY REQUIRED		EVIDENCE REQUIRED	Date Achieved
1.	<b>Diphtheria, tetanus, pertussis (whooping cough)</b>		
	<p><b>Vaccination</b></p> <ul style="list-style-type: none"> <li>One adult dose of diphtheria/ tetanus/ Pertussis vaccine (dTpa)</li> </ul> <p><b>NB: MUST have all three diseases covered e.g. ADT vaccine does not cover you for Pertussis and you will be required to have repeat vaccine with Adacel or Boostrix</b></p>	Vaccination	__/__/__
2.	<b>Hepatitis B</b>		
	<p><b>Vaccinations</b></p> <ul style="list-style-type: none"> <li>Documented evidence of a completed, age appropriate course of hepatitis B vaccination i.e. (If vaccinated as an adult &gt; = 20 yrs old – a total of 3 doses of 1mL adult formula at 0, 1 &amp; 3-6 months)</li> <li>NB: Where there is a history of vaccination and anti-HBs&gt;=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.</li> </ul> <p style="text-align: center;"><b>AND</b></p> <p><b>Serology</b></p> <ul style="list-style-type: none"> <li>This is required <b>in addition to</b> hepatitis B vaccination.</li> </ul> <p><i>Aim is to have: Anti-HBS &gt;= 10m/U/mL</i></p> <p style="text-align: center;"><b>OR</b></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>	<p>Vaccinations</p> <p>Serology</p> <p>Serology</p> <p>Follow-up required?</p>	<p>__/__/__</p> <p>__/__/__</p> <p>__/__/__</p> <p>__/__/__</p> <p>Yes / No</p> <p>Yes / No</p>



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



**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.

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

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