THE UNIVERSITY OF QUEENSLAND
AUSTRALIA

Student Immunisation Record

Doctor of Medicine and
Doctor of Medicine (Ochsner)

Section 1: Information

Students in the **Doctor of Medicine and Doctor of Medicine (Ochsner)** programs are required to provide evidence of their immunisation status for the diseases listed in Section 2 of this form. This list is supported by UQ *PPL 2.60.08 Vaccinations and Immunisation*, the Australian Immunisation Handbook and Queensland Health policy. Students are reminded that **placements or activities in healthcare environments will not be permitted unless this record is complete**.

Students need to screen for hepatitis B, hepatitis C and HIV infection within the twelve months preceding program commencement as these infections may limit the type of surgical procedures the student/graduate can be involved with. See section 3.

Instructions for Students

1. The attached immunisation record is to be completed by a **Registered Medical Practitioner.** To minimise any unnecessary delays and additional costs to you, it is most important you take any past immunisation record (s) to the medical practitioner who will complete this form for you. You must arrange to obtain any required vaccinations or screening tests as soon as possible as it can take some time and multiple visits to the doctor to complete this form. The Medical Practitioner must be independent. They cannot be a near relative (e.g. spouse, partner, child, brother, sister, or parent) or a close associate (e.g. a close friend, neighbour, or partner or child of a colleague).

2. You must also complete the Queensland Health ***Tuberculosis Risk Assessment Form for Students.*** This is a student self-assessment form to be completed by the student only.

3. Please ensure that both this form and the Tuberculosis Risk Assessment Form have been completed correctly before uploading to Blackboard using the Submission Method below. Ensure that this form is signed and stamped by the medical practitioner (Section 4) and you must also read and sign the Student Declaration (Section 5).

4. It is your responsibility to ensure compliance. You are expected to respond to requests for additional evidence as soon as possible and prior to the deadline provided. All information regarding your compliance, including "Recall dates", can be found in the "myDetails" section of the Placements system.

5. **Keep a copy of all documentation in your personal records.**

Submission Method for Students

Submission method: online only (via Blackboard – Year 1 Community Site, 2020)

Access the Blackboard via your my.UQ dashboard, or through the *Learn.UQ login* link.
Locate the *Orientation Activities* on the left menu and select *Upload Documentation.*

For assistance submitting your documents or completing this form please contact Student Administration med.enquiries@uq.edu.au.

Instructions for Medical Practitioners

The Medical Practitioner is to complete sections 2, 3, 4 ensuring to sign and stamp in Section 4. Please enter all dose dates, serology dates, results and comments as requested on the form. There is no requirement for students to upload laboratory documents except where requested on the form. E.g. hepatitis B immunity (titre level).

Student Name: (BLOCK LETTERS)	Surname	First Name	Other Names
Student Number:		**Date of Birth:**	
Mobile Phone No.:		**UQ Email Address:**	
Faculty:		**Program of Study:**	
Year of Commencement of program (cohort):			

Section 2: Evidence of Vaccination / Immunisation

This section must be completed by a medical practitioner

Mandatory requirement *
Strongly recommended and mandatory for some placements **

Name of Disease and evidence required	**Date of Vaccination**	**Serology/ Screening**	**Other Evidence**
Pertussis* One documented adult dose of dTpa vaccine within last 10 years (in addition to complete childhood vaccination course)	Dose Date:	Not applicable	Not applicable
Measles*, Mumps*, Rubella* Documented evidence of 2 doses of MMR vaccine given at least 28 days apart. If the student is unable to provide dose dates a blood test showing immunity for all three diseases must be provided.	Dose 1 Date: Dose 2 Date:	OR Serology Date: ◯ Serology confirms immunity to all: measles, mumps and rubella	OR ◯ **Birth date before 1966** No vaccination or serology required for students born before 1966
Chickenpox (varicella)* Documented evidence of 2 doses of varicella vaccine given at least 28 days apart. If the student is unable to provide dose dates a blood test showing immunity must be provided.	Dose 1 Date: Dose 2 Date:	OR Serology Date: ◯ Serology confirms immunity to Varicella	Not applicable
Influenza** An influenza vaccination is strongly recommended **in the Autumn of each year after the latest flu vaccine has been released (usually March/April).** **Certain clinical placement will only accept students who have had the influenza vaccination to allow for staff and patient safety.**	Enter dose date only if current seasonal influenza vaccination has been given. Dose Date:	Not applicable	Students to retain proof of vaccination in the event that it is required for a particular placement site/hospital.

Student Name: (BLOCK LETTERS)	Surname	First Name	Other Names
Student Number:		**Date of Birth:**	

Name of Disease and evidence required	**Date of Vaccination**	**Serology/ Screening**	**Other Evidence**
Hepatitis B* Documented evidence of three doses of age appropriate Hepatitis B vaccine **AND** serology results confirming immunity. 2 dose course of adult vaccine is appropriate for adolescent schedule only (if age of vaccine recipient was 11-15 years). An accelerated hepatitis B schedule is **not recommended** for student placements as the schedule will not be completed until the 4th dose at 12 months.	AND Dose 1 Date: Dose 2 Date: Dose 3 Date:	OR Serology Date: ◯ Serology confirms immunity to hepatitis B. Anti-HBs greater than or equal to 10mIU/mL **Please enter antibody level or attach laboratory result.** Anti-HBs or HBsAb result: _____ **OR** ◯ Non-Immune to Hepatitis B. **Complete Hepatitis B Supplementary Doses section below**	◯ Immunisation against hepatitis B is not appropriate**.** Not susceptible to hepatitis B. Evidence of previous hepatitis B exposure shown on serology.
Hepatitis B Supplementary Doses (if required) Please refer to booster regime in Australian Immunisation Handbook or refer to UQ Healthcare.	AND Follow up dose dates:	Follow up serology date: **Please enter antibody level or attach laboratory result.** Anti-HBs or HBsAb result: _____	Further Comments:

Please continue to Section 3 on next page

Student Name: (BLOCK LETTERS)	Surname	First Name	Other Names
Student Number:		**Date of Birth:**	

Section 3: Exposure-prone Procedures Statement

To be completed by a medical practitioner for all dentistry, medicine, midwifery and nursing students

Exposure prone procedures (EPPs) *are procedures where there is a risk of injury to the Healthcare Worker (HCW) resulting in exposure of the patient's open tissues to the blood of the HCW. These procedures include those where the HCW'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 HCWs who will be performing EPPs must be tested for blood borne viruses (BBVs) in accordance with *Australian National Guidelines for the Management of Health Care Workers living with blood-borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses - 2019*. Testing must take place within 12 months before commencement of their program.

The follow up of test results is the responsibility of the medical practitioner who conducts the test. Student HCWs found to have a positive BBV test result should be counselled by their medical practitioner about appropriate management, and about potential impacts on future career options. The medical practitioner can seek advice from a specialist in BBVs or the relevant area of the jurisdictional health department. These students should receive education to ensure they understand their obligations should they wish to perform EPPs as part of their program.

Screening Verification Details

Medical Practitioner Statement	
I have screened this student for **hepatitis B & C and HIV** infection and the student is not infected on testing.	**Doctor's signature** **Date:**
OR	
The student **cannot safely perform EPP** as confirmed by Infectious Diseases physician, Gastroenterologist, Hepatologist or Occupational Medicine Physician.	**Doctor's signature** **Date:**
OR	
An Australian registered Infectious Diseases physician, Gastroenterologist, Hepatologist or Occupational Medicine Physician has certified that further testing has confirmed that the student is able to safely perform EPP.	**Doctor's signature** **Date:**
Additional Comments as necessary:	

Regularity of Screening: Due to the increased risk of blood-borne pathogen transmission occurring during a dental procedure, the Dental Board of Australia stipulates that all dental practitioners must be aware of their infectious status for the blood-borne viruses Hepatitis B, Hepatitis C and HIV. Dentistry students are required to provide a statement from their doctor confirming their infectious status prior to enrolment and prior to clinical placements at commencement of year 3 and year 5 of the program.

Student Name: (BLOCK LETTERS)	Surname	First Name	Other Names
Student Number:		**Date of Birth:**	

Section 4: Medical Practitioner Declaration

I declare that the requirements specified above have been assessed and actioned in accordance with the immunisation and screening status of the student named on this form, and have been entered above in compliance with the immunisation entry requirements for the student's program of study. The student has been made aware of any vaccination or serology follow up in relation to completing the requirements of this form.

Name of Medical Practitioner/Provider number	**Signature:**	**Date**
Is further follow up required? Please insert details:		**Practice Stamp:**

Section 5: Student Declaration

I understand the program requirements outlined in this document and agree to submit this information as a true and correct record of my compliance with these requirements. In addition, I agree to provide updated information as necessary and in particular in relation to any required vaccinations or proof of my status regarding testing for blood borne diseases.

In addition, as my study program does undertake exposure prone procedures (dentistry and midwifery), or can involve undertaking exposure prone procedures (medicine and nursing), I have read and understand the requirements of the *Australian National Guidelines for the Management of Healthcare Workers Living with blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses -2019.*

I agree to the following:

- have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV acquisition.
- have appropriate testing and follow up care after potential non-occupational exposure, with testing frequency related to risk factors for virus transmission
- Cease performing all EPPs if diagnosed with a BBV until the criteria in the *National Guidelines* have been met and formal advice has been sought according to the responsibilities of the healthcare worker with a BBV.

Student Signature:	**Date:**

Privacy Statement

The information in this form is collected for the purpose of complying with the requirements of the UQ Vaccinations and Immunisation Procedure at: *https://ppl.app.uq.edu.au/content/2.60.08-vaccinations-and-immunisation* and Queensland Health by requiring students to provide evidence of their immunisation and screening status for the listed diseases. The information you provide may be disclosed to Queensland Health or other placement organisations to ensure your health and safety and the health and safety of others or where the disclosure is authorised or required by law. For further information please consult the UQ Privacy Management Policy at: *http://ppl.app.uq.edu.au/content/1.60.02-privacy-management*

Student to submit completed documentation in accordance with the Submission Method detailed on page 1