

VACCINE PREVENTABLE DISEASES EVIDENCE CERTIFICATION FORM

Queensland University of Technology
Faculty of Health

FOR USE BY STUDENTS ENROLLED IN:

- Clinical Physiology;
- Medical Imaging;
- Exercise and Nutrition Sciences;
- Pharmacy;
- Radiation Therapy;
- Other students undertaking a placement within a Queensland Health facility, QUT Health Clinic (where discipline notifies requirement) and private facilities as required.

INSTRUCTIONS FOR STUDENTS

This form is to be completed in consultation with your medical practitioner. **It is important you obtain your past immunisation record(s) and take this information to your medical practitioner.** Note: the medical practitioner *must not* be related to you.

Please complete Section 1 and arrange for your medical practitioner to complete sections 2 – 4. Read sections 5 and 6, and sign and date section 7. **It is your responsibility to check that the form has been completed correctly before you leave the medical practitioner's office.**

INSTRUCTIONS FOR MEDICAL PRACTITIONERS

Please complete sections 2 – 4, ensuring to sign and stamp in Section 2. In Section 3 and 4, please ensure you have signed all sections where you have provided information. **NOTE: All medical practitioners signing off on any section must supply their details in section 2.**

Section 1:

Student ID: *		Date of Birth: *	
Family Name: *		Course Code: *	
Given Name: *			

Section 2:

Medical Practitioner Name: *		Designation/Job Title: *	
Medical Practitioner Signature: *		Provider No.: (if applicable)	
Name of Practice: *		Phone No. *	

Practice Stamp: *

Additional Practitioner details:

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Section 3: Mandatory Vaccinations

Disease	Evidence of Vaccination	Documented Serology Results	Other Acceptable Evidence
Hepatitis B - Accelerated or fast track schedules are not accepted. - Standard 3 dose schedule is recommended (0, 1 and 6 months)	☐ Documented history of three doses of hepatitis B vaccine ¹ Date of dose 1: ____/____/____ Date of dose 2: ____/____/____ Date of dose 3: ____/____/____ AND ☐ Anti-HBs greater than or equal to 10 mIU/mL ² Source: ☐ QML ☐ SNP ☐ QH AUSLAB ☐ Other: _____	☐ Anti-HBs greater than or equal to 10 mIU/mL ³ Source: ☐ QML ☐ SNP ☐ QH AUSLAB ☐ Other: _____	☐ Documented evidence that the individual is not susceptible to hepatitis B. ⁴
Practioner's signature:			
Measles, Mumps and Rubella A student must have positive IgG serology for <u>all three</u> diseases or have received TWO doses of MMR vaccine.	☐ Two documented doses of Measles, Mumps and Rubella (MMR) vaccine at least one month apart. Date of dose 1: ____/____/____ Date of dose 2: ____/____/____	☐ Positive IgG for each of Measles, Mumps and Rubella ⁵ Source: ☐ QML ☐ SNP ☐ QH AUSLAB ☐ Other: _____	☐ Birth date before 1966 AND Date of +ve measles IgG: ____/____/____ Date of +ve mumps IgG: ____/____/____ Date of +ve rubella IgG: ____/____/____
Practioner's signature:			

¹ Hepatitis B vaccine is usually given as a 3 dose course with 1 month minimum interval between 1st and 2nd dose, 2 months minimum interval between 2nd and 3rd dose and 4 months minimum interval between 1st and 3rd dose.

² Anti-HBs (hepatitis B surface antibody) greater than or equal 10 IU/mL indicates immunity. If the result is less than 10 IU/ml (<10 IU/ml), this indicates lack of immunity.

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⁴ Documented evidence that an individual is not susceptible to hepatitis B infection may include serology testing indicating a hepatitis B core antibody (Anti-HBc /HBcAb), or a documented history of past hepatitis B infection. Students who are hepatitis B antigen positive do not have to disclose their hepatitis B infection status unless they perform exposure-prone procedures (see [Australian National Guidelines for the Management of Health Care Workers known to be infected with Blood-borne Viruses](#))

⁵ Positive IgG (Immunoglobulin G) indicates evidence of serological immunity, which may result from either natural infection or immunisation.

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Section 3: Mandatory Vaccinations continued

Disease	Evidence of Vaccination	Documented Serology Results	Other Acceptable Evidence
Diphtheria, Tetanus and Pertussis • Not ADT Practitioner's signature:	☐ Documented history of one adult dose of dTpa within the past ten years Date of dose: ____/____/____ Practitioner's signature:	Not applicable	Not applicable
Varicella The student must have a history of clinical chickenpox or proof of either: • Shingles diagnosed by a doctor; or, • Positive varicella IgG serology; or, • Received two doses of varicella vaccine, at least four weeks apart. Practitioner's signature:	☐ Documented history of age appropriate course of varicella vaccination ⁶ (including zoster) Date of dose 1: ____/____/____ Date of dose 2: * ____/____/____ *Required if initiated after the age of 14 Practitioner's signature:	☐ Positive IgG for varicella ⁷ Source: ☐ QML ☐ SNP ☐ QH AUSLAB ☐ Other: _____ Date of Serology: ____/____/____ Practitioner's signature:	☐ Documented history of medical practitioner diagnosed chickenpox or shingles ⁸ Practitioner's signature:
Tuberculosis Screening / Testing NOTE: (only mandatory for Nutrition and Dietetic students) ○ QuantiFERON-TB Gold Assay (Blood test); or, ○ TB Screening (Mantoux tuberculin skin test (TST)) Practitioner's signature:			Date of Testing: ____/____/____ Result: _____ If elected, date of BCG vaccine: Date of dose: ____/____/____ Practitioner's signature:

⁶ 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).

⁷ Positive IgG (Immunoglobulin G) indicates evidence of serological immunity, which may result from either natural infection or immunisation.

⁸ Letters from medical practitioners or other vaccine service providers should state the date chickenpox or shingles was diagnosed and should be on practice/facility letterhead, signed by the provider/practitioner including professional designation and service provider number (if applicable).

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Section 4: Highly Recommended Vaccinations/Serologies

Disease	Evidence of Vaccination
Hepatitis A This is optional. It is required for persons who live or work in rural and remote Indigenous communities and/or persons who regularly provide care for Aboriginal and Torres Strait Islander children in the Northern Territory, Queensland, South Australia and Western Australia; staff working in early childhood education and care; carers of persons with developmental disabilities; and plumbers or sewage workers. Practioner's signature: _____	Date of dose 1: _____ Date of dose 2: _____ Date of dose 3: _____ _____
Influenza An annual influenza vaccination is highly recommended. The vaccination will expire on 1st April as a new strain becomes available. Practioner's signature: _____	Date of dose: _____ _____
Hepatitis C This is optional. However, if a student tests positive for Hep C, they should disclose this to QUT. It is a mandatory requirement for students to disclose relevant personal or medical information where their health status may increase the risk to others. All healthcare workers, including students, involved in exposure prone procedures (EPPs) have a professional and ethical responsibility to be voluntarily tested annually for blood borne viruses (BBVs), and immediately after potential exposure associated with a risk of disease acquisition Practioner's signature: _____	Date of Serology _____ _____
Human Immunodeficiency virus (HIV) This is optional. However, if a student tests positive for HIV, they should disclose this to QUT. It is a mandatory requirement for students to disclose relevant personal or medical information where their health status may increase the risk to others. All healthcare workers, including students, involved in exposure prone procedures (EPPs) have a professional and ethical responsibility to be voluntarily tested annually for blood borne viruses (BBVs), and immediately after potential exposure associated with a risk of disease acquisition Practioner's signature: _____	Date of Serology _____ _____

Section 5: Faculty Vaccination Policy

I have read and understand the Queensland University of Technology, Faculty of Health Immunisation Policy related to vaccine preventable communicable diseases: [Management of blood-borne viruses.pdf](#). If I am not vaccinated, I am aware of and understand the potential health risks associated with not being vaccinated in accordance with this immunisation policy to both me and the patients that I will come into contact with during the course of my practical work. I am aware that if I am not vaccinated this may affect the available choices for placement.

Section 6: Privacy Notice

Personal information on this Vaccine Preventable Diseases Evidence Certification Form and associated Disclosure Forms is collected by the QUT Work Integrated Learning Support (WILS) team in accordance with the *Information Privacy Act 2009* and QUT's Information Privacy Policy. Your completed Form will only be accessed and used by QUT WILS staff for purposes associated with planning your work placement and to comply with QUT's contractual or legislative obligations.

I have read and understood the Privacy Notice above and hereby certify that the information on this form is true and correct.

Student Signature _____ Date _____ / _____ / _____

UPLOAD THE COMPLETED VPD FORM TO YOUR INPLACE PROFILE (inplace.qut.edu.au).