VACCINE PREVENTABLE DISEASES EVIDENCE CERTIFICATION FORM

Queensland University of Technology
Faculty of Health

FOR USE BY STUDENTS ENROLLED IN:

- Clinical Exercise Physiology
- Clinical Physiology (Biomed Science)
- Exercise Science
- Medical Imaging
- Nursing
- Nutrition & Dietetics
- Optometry
- Pharmacy
- Podiatry
- Radiation Therapy
- Other students undertaking a placement within a Queensland Health facility, QUT Health Clinic (where discipline notifies requirement) and private facilities as required.

THIS FORM IS NOT TO BE USED BY STUDENTS ENROLLED IN PARAMEDICINE AND MED LAB SCIENCES

INSTRUCTIONS FOR STUDENTS

Students are required to complete this form prior to commencing a placement, including those within the QUT Health Clinic.

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 sign and date section 6. **It is your responsibility to check that the form has been completed correctly before you leave the medical practitioner's office. DO NOT SUBMIT THIS FORM UNTIL YOU HAVE MET THE MINIMUM REQUIREMENTS FOR EACH VACCINATION (refer to the relevant vaccinations below).**

INSTRUCTIONS FOR MEDICAL PRACTITIONERS

Please complete sections 2 – 4, ensuring to sign and stamp in Section 2. In Sections 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: *

Details of any other authorised persons providing information:

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) • **Minimum requirement = 2 doses** **Practitioner's signature*:**	☐ Documented history of three doses of hepatitis B vaccine[1] Date of dose 1: ___/___/_____ Date of dose 2: ___/___/_____ Date of dose 3: ___/___/_____ _____	**Or** ☐ Anti-HBs greater than or equal to 10 mIU/mL[2] Source: ☐ QML ☐ SNP ☐ QH AUSLAB ☐ Other: _____ _____	**Or** ☐ Documented evidence that the individual is not susceptible to hepatitis B.[3] _____
Measles, Mumps and Rubella A student must have positive IgG serology for all three diseases or have received **TWO** doses of MMR vaccine. If serology indicates low positive, further medical advice should be sought. **Minimum requirement = 1 dose** **Practitioner's signature*:**	☐ Two documented doses of Measles, Mumps and Rubella (MMR) vaccine at least one month apart. Date of dose 1: ___/___/_____ Date of dose 2: ___/___/_____ _____	**Or** ☐ Positive IgG for each of Measles, Mumps and Rubella[4] Source: ☐ QML ☐ SNP ☐ QH AUSLAB ☐ Other: _____ _____	**Or** ☐ Birth date before 1966 **AND** Date of +ve measles IgG: ___/___/_____ Date of +ve mumps IgG: ___/___/_____ Date of +ve rubella IgG: ___/___/_____ _____

[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.

[3] 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)

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

Section 3: Mandatory Vaccinations continued *

Disease	Evidence of Vaccination	Documented Serology Results	Other Acceptable Evidence
Diphtheria, Tetanus and Pertussis • Not ADT • **Minimum requirement = 1 dose within the past 10 years** **Practitioner's signature*:**	☐ Documented history of one adult dose of dTpa within the past ten years Date of dose: ___/___/_____ _____	**Not applicable**	**Not applicable**
Varicella The student must have a history of clinical chickenpox or proof of either: • Positive varicella IgG serology; or, • Received two doses of varicella vaccine, at least four weeks apart. If serology indicates low positive, further medical advice should be sought. **Minimum requirement = 1 dose** **Practitioner's signature*:**	☐ Documented history of varicella vaccination Date of dose 1: ___/___/_____ Date of dose 2: ___/___/_____ _____	**Or** ☐ Positive IgG for varicella[5] Source: ☐ QML ☐ SNP ☐ QH AUSLAB ☐ Other: _____ Date of Serology ___/___/_____ _____	**Or** ☐ Documented history of medical practitioner diagnosed chickenpox[6] _____

Section 3a: Mandatory Vaccinations for Nursing and Podiatry Students only. Also required for any students undertaking placement in an aged care facility.

Disease	Evidence of Vaccination	Documented Serology Results	Other Acceptable Evidence
COVID-19 vaccinations Include the date and vaccine brand administered ***Note:*** Most aged care facilities require 2 or 3 vaccinations **Minimum requirement = 2 doses** **Practitioner's signature*:**	Date of dose 1: ___/___/_____ Brand:_____ Date of dose 2: ___/___/_____ Brand:_____ Date of dose 3: ___/___/_____ Brand:_____ _____	**Not applicable**	**Not applicable**

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

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

Influenza **Minimum requirement = 1 dose for the relevant flu season.** **Practitioner's signature*:**	Date of dose: ___/___/_____ _____	**Not applicable**	**Not applicable**

Section 4: Highly Recommended Vaccinations/Serologies *

Disease	Evidence of Vaccination / Serology
Tuberculosis Screening / Testing **NOTE: All students who are required to complete the QLD Health TB Risk Assessment may need to undertake TB testing. The risk assessment will determine whether TB screening/testing is required.** If students meet the criteria to be tested or screened, then, one of the following should be undertaken: ○ **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: ___/___/_____ _____
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. **Practitioner's signature*:**	Date of dose 1: ___/___/_____ Date of dose 2: ___/___/_____ Date of dose 3: ___/___/_____ _____
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 **Practitioner'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 **Practitioner's signature*:**	Date of Serology ___/___/_____ _____

Section 5: Exposure Prone Procedures

Students in Nursing may be required to perform Exposure Prone Procedures (EPPs) during their course of study.

An EPP is "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". (*Australian National Guidelines for the Management of Health Care Workers Known to be infected with Blood-borne Viruses, p10.)*

Student Declaration

I acknowledge that:

- I have read and understand the Faculty of Health's Blood Borne Viruses procedure;
- I have completed the pre-placement online training related to Blood Borne Viruses;
- I have read and understand the Australian National Guidelines for the Management of Health Care Workers known to be infected with Blood-borne Viruses;
- I understand that I will be responsible for meeting the costs associated with serological testing and vaccinations;
- I agree to undergo serological testing for Hepatitis C and (HCV) and Human Immunodeficiency Virus (HIV) on an annual basis, with immediate retesting and follow-up care after a potential occupational or non-occupational exposure;
- I understand that I may be requested to supply evidence to the Faculty of Health's Work Integrated Learning Support team and I consent to this information being provided to the placement site, if requested;
- I understand that I must not perform exposure prone procedures if I am infected or if I become infected with a blood borne virus until given approval;
- I agree to seek professional medical advice if infected or if I become infected with a blood borne virus;
- I understand that if I am unaware of my infection status with regards to blood borne viruses and perform exposure prone procedures that this can be considered to be professional misconduct;
- 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 understand that if I am not vaccinated this may affect the available choice for placement;
- I hereby certify that the information on this form is true and correct.

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.

Your completed Form will be disclosed to health care facilities or placement providers where required for the purposes of placement, to ensure your health and safety and the health and safety of others. Your personal information will not be disclosed to any other third parties without your consent, unless required by law.

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 (https://inplace.qut.edu.au)