

IMMUNISATION COMPLIANCE FORM 1

Statement of Compliance: Faculty of Medicine Nursing and Health Sciences Immunisation Schedule

To be returned to your school/department by the required date as specified by your course of enrolment.

NOTE: You will NOT be permitted to commence any placements, including electives, without completion of this form with the appropriate requested serology reports attached.

Ensure you keep an electronic copy of the final set of reports and documents. Your school/department cannot provide a copy at a later date; evidence of immunisation status may be requested at any time by placement authorities.

Practice name:

Practice address:

Student's name:

I, [GP NAME] Dr have assessed the medical history and needs of the student and report the immunisation status as follows:

Infectious Disease	Acceptable evidence to demonstrate protection	Tick	Date/s
Diphtheria, Tetanus & Pertussis	One documented dose of adult dTpa vaccine within the last 10 years.		___/___/___
Measles, Mumps & Rubella	Student is immune to Measles, Mumps AND Rubella <i>OR</i>		Serology report attached
	Documented evidence of 2 doses of MMR given at least 28 days apart (both doses must be given before signing form).		Dose 1: ___/___/___ Dose 2: ___/___/___
Varicella	Student is immune to varicella <i>OR</i>		Serology report attached
	Documented evidence of 2 doses of varicella given at least 28 days apart (both doses must be given before signing the form).		Dose 1: ___/___/___ Dose 2: ___/___/___
Hepatitis A	A course of 2 Hep A or 3 Twinrix has commenced or been completed (at least 1 dose of Hep A or 2 doses of Twinrix must be given before signing form) <i>OR</i>		Dose 1 given: ___/___/___ Dose 2 given/due: ___/___/___ Dose 3 given/due: ___/___/___
	Student has evidence of Hep A antibodies		Serology report attached
Hepatitis B	Student has evidence of a protective level of Hep B surface antibodies <i>OR</i>		Serology report attached
	A course of 3 Hep B or Twinrix has commenced (at least 2 doses must be given before signing form) <i>OR</i>		Dose 1 given: ___/___/___ Dose 2 given: ___/___/___ Dose 3 given/due: ___/___/___
	The student has not developed a protective level of Hep B surface antibodies after a course of immunisation and/or boosters.		The student must arrange appropriate review at the University Health Service.

Hepatitis B Surface Antigen*	The student has been screened for Hepatitis B surface antigen.		__/__/__
Hepatitis C *	The student has been screened for Hepatitis C.		__/__/__
HIV *	The student has been screened for HIV.		__/__/__
Tuberculosis *	The student has had a Gamma Interferon Test to screen for TB within the last 2 years.		__/__/__

* If any of the tests for infectious diseases (Hepatitis B surface antigen, Hepatitis C, HIV or Tuberculosis) are positive, the student must arrange appropriate review with Monash University Health Service.

MEDICAL PRACTITIONER DECLARATION

A: Student has completed all the requirements for placement.

B: Student has commenced a course of Hep A and/or Hep B and has outstanding requirements as specified below.

C: Student needs infectious diseases review and has been referred to the University Health Service.

Signed:

Date:

Doctor's Name and Stamp:

OUTSTANDING REQUIREMENTS

- Hep A dose 2 Date Due..... Date Given.....
- Hep B dose 3 Date Due..... Date Given.....
- Hep B serology Date Due..... Result..... Date.....
- Has seen I.D. Physician & Statement of Compliance BBV status Form 3 attached

Doctor's Name

Signed:

Stamp:

Date:

Student Declaration: I have read, understand and agree to comply with the immunisation requirements specified in The Monash University, Faculty of Medicine Nursing and Health Sciences Vaccination and Immunisation Guidelines or to seek exemption in writing from the Head of School. I agree that if any test(s) for blood-borne viruses or TB is/are positive or if I am non-responsive to immunisation I will arrange for review at the University Health Service (<http://www.monash.edu.au/health-medical/appointments.html>) and seek the regular care of a specialist Infectious Diseases Physician. I will also supply the relevant statement of compliance (<http://www.med.monash.edu.au/current/immunisation/>) to my school/department.

Student's Signature: _____

Date: ___/___/___