

Form C



Immunisation and Infection Risk: Confirmation of Consultation

This is to certify that the following MBBS Student has attended the health service listed below for a review of Immunisation History and Serology Results and they are not a relative:

Name

Student ID Number: Date of Birth:

Requirement	Health Provider
<p>*MMR: Measles / Mumps / Rubella</p> <p>2 Documented Doses for those born =>1966</p> <p>Or Serology Positive: Measles/Mumps/Rubella for those born <1966</p>	<p>Practitioner Name</p> <p>.....</p> <p>.....</p> <p>Address</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Post Code</p> <p>Signed</p> <p>.....</p> <p>Date: / /</p> <p>Provider No.</p> <p>Stamp</p>
<p>*Varicella (Chicken Pox)</p> <p>2 Documented Doses Varicella Vaccination</p> <p>Or Serology Positive: for those without any history of vaccination</p>	
<p>*Hepatitis B</p> <p>Documented age appropriate course / 3 doses pathology evidence of positive protective sab serology</p>	
<p>* Tuberculosis Screening: Quantiferon / Mantoux Skin Test</p> <p>Appropriate review and follow up of results has been attended</p>	
<p>*dTpa – Adult / Adolescent Dose</p> <p>Documented Booster Dose within the last 5 years</p>	
<p>*Annual Influenza: Evidence to be provided by student each year</p>	

I _____ confirm that I have met the Monash University requirements for HCW student placements. I have been provided with a Vaccination Summary and a copy of all relevant serology results.

Date: _____ Student Signature: _____

Student to present this form for sighting to MBBS Student Services, Reception, Building 15

★ The student is also required to take a written 'vaccination summary' from the practitioner, on official letterhead with the doctors provider number detailing their complete immunisation status and copies of any investigations performed and make an appointment with the nursing staff at the University Health Service, Clayton Campus (99053175) Building 10, Wellington Road, Clayton, 3800