

IHNA -Form-VD

All students undertaking an award within Institute of Health & Nursing Australia with a clinical/work experience placement component are required to ensure immunisations are up to date.

Please read the following information carefully:

- All students attending clinical/work experience placement are required to provide an up to date immunisation record to staff at their allocated placement venue before they can begin their clinical/work experience placement.
 In WA they must show proof of immunity (not just proof of immunisation) for all childhood and adult vaccinations.
- Failure to comply with the requirements may jeopardise completion of your studies. Students cannot undertake clinical/work experience practice until these clearance requirements are attended to.
- You must carry your proof of immunity or vaccination with you at all times when on clinical/work experience placements.
- For healthcare students who were born overseas or have lived overseas in a high TB incidence country for more than 3 months, screening for Tuberculosis will also be required.
- All decisions regarding the appropriateness of an individual to undertake a placement is entirely up to the placement venue and the Institute takes no responsibility for these decisions.
- As a condition of placement, students are required to review the information regarding the evidence required for vaccination and serology (blood tests) before completing and submitting all required documentation.
- You could also take this with you to your General Practitioner (GP) when requesting vaccination/ serology (blood tests) or documentation to ensure that they provide the correct documents required.
- Records of vaccinations and proof of immunity that were received from overseas must be in English (translations
 must be certified) and contain enough information about the vaccine (e.g. brand, active components, batch
 numbers, if available) and vaccination date to enable an assessor to determine if they fulfil the requirements. from
 overseas must
- Please attach a copy of your immunization records or evidence of immunity with this completed form.

Evidence required for vaccination/immunity

For each disease requiring evidence of vaccination provide at least ONE of the following:

- 1. Documentation on an Adult Vaccination Card (AVC) or immunisation card equivalent
- 2. Included in a statement from a GP Practice on the Practice letter head
- 3. Overseas / interstate vaccination documents

Information provided MUST include:

- Date
- Batch number
- Vaccine brand name
- Signature of immunisation provider
- Practice/provider stamp
- Or a combination of 3 of these details

Evidence of serology (blood tests / pathology)

For each disease requiring evidence of serology (blood tests), provide at least ONE of the following:

- 1. Pathology results on Pathology Service letter head
- 2. Included in a statement from a GP Practice on the Practice letter head (Written result including result value signed by GP)

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Student Name						
Date of Birth						
Phon	e or email					
Sex		Male	Female			
VACO	CINATION/ SEROLO	GY REQUIRED			EVIDENCE REQUIRED	Date Achieved
1.	Diphtheria, tetan	us, pertussis (wh	ooping cough)			
	Vaccination ■ One adult dose of diphtheria/tetanus/Pertussis vaccine (dTpa) NB: MUST have all three diseases covered e.g. ADT vaccine does not cover you for Pertussis and you will be required to have repeat vaccine with Adacel or Boostrix			Vaccination	_/_/_	
2.	Hepatitis B					
	 Vaccinations Documented evidence of a completed, age appropriate course of hepatitis B vaccination i.e. (If vaccinated as an adult > = 20 yrs old – a total of 3 doses of 1mL adult formula at 0, 1 & 3-6 months) NB: Where there is a history of vaccination and anti-HBs>=10 but no documentation, it is reasonable to accept that they have been vaccinated as per the appropriate schedule, this may be accepted as compliance. 			Vaccinations		
	AND					
	Serology This is no	on the addition	a da honodidia Dua	a ai na ti a n		
		have: Anti-HBS >:	n to hepatitis B va	ccination.	Serology	_/_/_
			OR			
	infection.	. (NB if anti-HBc _l	anti-HBc, indicating positive (indicating tigation may be re	past hepatitis B	Serology Follow-up required?	yes / no yes / no
3.	Measles, Mumps	, Rubella (MMR)				
	Vaccinations ● 2 doses of	of MMR vaccinea	itleastone month	apart, or booster	Vaccination / booster	_/_/_
			OR			

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	<u>Serology</u>		
	 Positive IgG for measles 		
	 PositiveIgGfor mumps 	Serology	_/_/_
	Positive IgG for rubella	Serology	_/_/_
İ		Serology	
		C,	
4.	Varicella (Chickenpox)		
	Vaccinations	Vaccinations	1 1
	2 doses of varicella vaccine at least one month apart.	vaccinations	_/_/_ _/_/_
	 Evidence of 1 dose is sufficient if the person was vaccinated before 14 years of age 		_/_/_
	Delote 14 years of age		
	<u>OR</u>		
	Serology		
	Positive for varicella	Serology	_/_/_
		Serorogy	
5.	Tuberculosis (TB) (Not Applicable for Certificate Courses)		
	<u>Vaccination</u>	Manakantina	, ,
	BCG vaccination	Vaccination	_/_/_
		Result	positive/
	Provide any available evidence of previous TB screening e.g.	nesure	negative
	Tuberculin Skin Test (TST) or Mantoux test		
		Assessed by a TB	yes / no
		service?	•
		Cleared by specialist?	yes / no
		Follow-up required?	yes / no
		Counselling	yes / no
		organised?	
6.	MRSA clearance		
	It is a requirement that all students have an MRSA clearance prior to	Result	positive/
	commencing clinical/work experience placements.		negative
	G , , , , , , , , , , , , , , , , , , ,		<u> </u>
	NB: International Students attending clinical/work experience placement	***WA IRON	
	in Western Australia & ACT will need to conduct MRSA clearance in	students test at IHNA	
	Australia also.	Perth college	
7.	Meningococcal vaccine (Not Applicable for Certificate Courses)		
7.			
	<u>Vaccination</u>	Vaccination	_/_/_
	 Vaccination as required 	vaccination	



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8.	Influenza Annual influenza is not a requirement, though is strongly red	commended.	Vaccination	_/_/_	
Medi	cal Condition / Disability – History				
1	. Please indicate if you have a current medical condition/s.	□ Yes	□ No		
2	Please indicate if you have a disability. If 'yes 'to 1 or 2 above:	☐ Yes	□ No		
3	·				
_					
- 4	4. Do you use aids to assist you with your medical condition / disability? Please give details.				

Note: All the students must complete and submit the medical history or disability report during the enrolment. You may be asked to undertake vaccination in Australia at your own cost.

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Declaration: I hereby declare that all the information provided in this questionnaire is correct and true and I acknowledge complete responsibility for such, whether written in by me or by another person on my behalf.

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Signature		Date//			
Full Name					
Please return completed form with attached documents one week prior to commencement of your course to:					
Institute of Health & Nursing, Australia 597-599 Upper Heidelberg Road, Heidelberg Heights, VIC 3081 Australia		Institute of Health & Nursin Level 2 Carillon Arcade 680 -692 Hay Street Mall Perth, Western Australia 60	-		
To be completed by a GP/Registered Nurse/IHNA Office					
Student Immunisation Declaration Form completed and required evidence received:	Yes No				
Officer name:	Signature:		Date:		

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