HOW TO COMPLETE YOUR STUDENT IMMUNISATION RECORD FORM

SCHOOL OF NURSING, MIDWIFERY AND SOCIAL WORK

Bachelor of Nursing
Bachelor of Midwifery
Bachelor of Nursing/Midwifery
Master of Nursing Studies
INTRODUCTION

Nursing and midwifery students on clinical practice may be exposed to blood and body fluids as a result of accident or inexperience, and therefore are at risk of contracting or passing on a blood-borne virus or other infectious diseases.

You have a responsibility to protect yourself and to protect patients from health hazards, and must be fully immunised.

The Student Immunisation Record form is a complex requirement to complete and may take weeks so we suggest you make a start on this as soon as possible. The form can only be completed by a Registered Medical Practitioner, who is not a family member of the student, and will not be accepted if completed by any other party.

The examples on the following pages will show you how your doctor should fill out the immunisation form correctly. This will ensure that you do not need to make extra appointments with your doctor to have data rectified on your form.

If you do not complete your immunisation form correctly you will be asked to resubmit which will delay your placement.

Please make sure you read through this whole document carefully as it provides important information.
IMMUNISATION REQUIREMENTS

The following Immunisations requirements **MUST** be completed before attending your first placement:

<table>
<thead>
<tr>
<th>Name of disease</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP (Diphtheria, Tetanus, Pertussis (whooping cough)).</td>
<td>Completed childhood vaccination course. Must have had a booster every 10 years.</td>
</tr>
<tr>
<td>MMR (Measles, Mumps, Rubella)</td>
<td>Have at least 2 doses of the vaccination <strong>OR</strong> serology results confirming immunity.</td>
</tr>
<tr>
<td>Chickenpox (Varicella)</td>
<td>Have at least 2 doses of the vaccination <strong>OR</strong> serology results confirming immunity.</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>Have completed appropriate course of vaccinations <strong>AND</strong> serology to confirm immunity. You may start placement conditionally after you have had 2 doses of the vaccine, but must update your form each time when you receive your 3rd vaccination and your serology results. Your Hep B vaccination must follow the below schedule:</td>
</tr>
<tr>
<td><strong>Hep B vaccination schedule and serology</strong></td>
<td><strong>First Dose</strong> This is the initial dose.</td>
</tr>
<tr>
<td></td>
<td><strong>Second Dose</strong> 1 month after 1st dose <em>(you cannot receive this less than 1 month after your 1st dose)</em></td>
</tr>
<tr>
<td></td>
<td><strong>Third Dose</strong> 6 months after 1st dose <em>(you cannot receive this dose less than 6 months after your 1st dose)</em></td>
</tr>
<tr>
<td></td>
<td><strong>Serology</strong> To be completed at least 4 weeks after your 3rd dose <em>(you cannot complete your serology lest than 4 weeks after your 3rd dose)</em></td>
</tr>
</tbody>
</table>

If you do not provide us with an updated form with your 3rd dose and immunity results before the start of your 2nd year you will not be permitted to attend placement.

**Tuberculosis**

ALL students must complete the Queensland Health Tuberculosis Risk Assessment Form for students.

**Screening**

Your GP will need to screen you for Hep B & C and HIV infection as these infections can limit the type of clinical interventions that you can participate in. Your GP will need to fill out this information on page 3 of your immunisation form.
The following immunisations are **RECOMMENDED** to be completed prior to placement

<table>
<thead>
<tr>
<th>Name of disease</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Influenza</strong></td>
<td>Should have vaccination each year in autumn. This is <strong>Strongly Recommended</strong> and can affect your placement location if you do not receive this. <em>If you elect not to have the influenza vaccination you are still required to complete the Student Influenza form each year and indicate that you wish not to receive the vaccination.</em></td>
</tr>
<tr>
<td><strong>Hepatitis A</strong></td>
<td>Not routinely required – recommended for Health Care Workers who work in remote and Indigenous communities or with Indigenous children in NT, QLD, SA or WA, and other specified healthcare workers in some jurisdictions</td>
</tr>
</tbody>
</table>
**EXAMPLE 1 – INCOMPLETE IMMUNISATION FORM**

### Section 2: Evidence of Vaccination / Immunisation

This section must be completed by a medical practitioner

**Mandatory requirement:**
- Strongly recommended and mandatory for some placements.

<table>
<thead>
<tr>
<th>Name of Disease and evidence required</th>
<th>Date of Vaccination</th>
<th>Serology/Screening</th>
<th>Other Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pertussis*</td>
<td>2/7/2001</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Influenza, mumps*, rubella*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chickenpox (varicella)*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza**</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DTP vaccination more than 10 years old**

Serology date missing. Both Serology date and tick confirming immunity must be entered.

Only 1 Chickenpox vaccination listed. As this was given in 2001, dose 2 should have been administered by now.

Influenza vaccination given at appropriate time of year.

3 doses of Hep B listed but no details of Hep B serology date and confirmation that student is immune. As vaccines were given in 2011 the student's Hep B serology should have been completed by now.

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*One documented adult dose of dTap vaccine within last 10 years (in addition to complete childhood vaccination course)*

*Documented evidence of 2 doses of MMR vaccine given at least 28 days apart. If the student is unable to provide doses a blood test showing immunity for all three diseases must be provided.*

*Documented evidence of 1 dose of varicella vaccine given at least 28 days apart. If the student is unable to provide doses a blood test showing immunity must be provided.*

*An influenza vaccination is strongly recommended in the Autumn of each year after the latest flu vaccine has been released (usually March/April).*

*Certain clinical placements will only accept students who have had the influenza vaccination to allow for staff and patient safety.*
### Example 2 – Incomplete Immunisation Form

**Section 2: Evidence of Vaccination / Immunisation**

This section must be completed by a medical practitioner.

**Mandatory requirement**
- Strongly recommended and mandatory for some placements.***

<table>
<thead>
<tr>
<th>Name of Disease and evidence required</th>
<th>Date of Vaccination</th>
<th>Pertussis vaccination date missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pertussis*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps*, Meningitis*, Rubella*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chickenpox (Varicella)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Disease and evidence required</th>
<th>Date of Vaccination</th>
<th>Serology/Screening</th>
<th>Hepatitis B vaccination dates missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B*</td>
<td></td>
<td>AND</td>
<td></td>
</tr>
<tr>
<td>Chickenpox</td>
<td></td>
<td>Serology Date: 24/8/19</td>
<td></td>
</tr>
</tbody>
</table>

**Please continue to Section 3 on next page**
Section 2: Evidence of Vaccination / Immunisation

This section must be completed by a medical practitioner.

Mandatory requirement.

Strongly recommended and mandatory for some placements.

Name of Disease and evidence required | Date of Vaccination | Serology Date | Serology Evidence
--- | --- | --- | ---
**Pertussis**
One documented adult dose of dtap vaccine within last 10 years (in addition to complete vaccination course)
Dose Date: 2/2/2018
| | | Pertussis vaccination given within 10 years

**Measles*, Mumps*, Rubella**
Documented evidence of 2 doses of MMR vaccine given at least 28 days apart. If the student is unable to provide dose dates a blood test showing immunity for all three diseases must be provided.
Dose Date 1: 5/3/2019
Dose Date 2: Not available
Serology Date: 5/3/2019
Serology confirms immunity to all: measles, mumps and rubella
| | | Serology date and confirmation of immunity completed

**Chickenpox (varicella)**
Documented evidence of 2 doses of varicella vaccine given at least 28 days apart. If the student is unable to provide dose dates a blood test showing immunity must be provided.
Dose Date 1: 5/3/2019
Dose Date 2: 6/4/2019
| | | Two dose dates provided

**Influenza**
An influenza vaccination is strongly recommended in the Autumn of each year after the latest flu vaccine has been released (usually March/April).

Certain clinical placements will only accept students who have had the influenza vaccination to allow for staff and patient safety.
Dose Date: 7/8/2020

**Hepatitis B**
Documented evidence of three doses of age-appropriate Hepatitis B vaccine AND serology results confirming immunity.

2 dose course of adult vaccine is appropriate for adolescent schedule only (if age of vaccine recipient was 11-15 years).
Dose Date 1: 2/2/2020
Dose Date 2: 2/3/2020
Dose Date 3: 2/4/2020
| | | Hepatitis B Supplementary Doses (if required)
| | | Follow up dose dates:

At least 2 Hep B vaccination dates are listed. You may start placement conditionally after you have had 2 doses of the vaccine, but must update your form each time when you receive your 3rd dose AND your serology results. If you do not provide us with an updated form with your 3rd dose AND immunity results before the start of your 2nd year you will be pulled from placement.
**EXAMPLE 4 – COMPLETE IMMUNISATION FORM**

### Section 2: Evidence of Vaccination / Immunisation

This section must be completed by a medical practitioner.

**Mandatory requirements:**

- Strongly recommended and mandatory for some placements.

#### Pertussis vaccination given within 10 years

- **Dose Date:** 2/2/2013

#### Serology date and confirmation of immunity completed

- **Serology Date:** 2/2/2013
- **Result:** Positive

#### Influenza vaccination given at appropriate time of year

- **Dose Date:** 6/1/2020

#### All 3 Hep B dose listed, serology date and immunity level added to form. This shows the student has completed their course of vaccinations and is immune.

- **Hepatitis B**
  - Documented evidence of three doses of age-appropriate Hepatitis B vaccine AND serology results confirming immunity.
  - **Dose Date:** 2/2/2019
  - **Serology Date:** 3/9/2019
  - **Result:** Positive

Please continue to Section 3 on next page.
REASONS WHY YOUR STUDENT IMMUNISATION RECORD FORM MAY BE REJECTED

- Missing immunisations *(as listed above in examples)*.
- Form has not been signed by you or your GP.
- You have not submitted **ALL** pages of the form.
- Your GP has listed future dates for vaccinations. *(Vaccination dates cannot be listed on the form until they have been given).*