

Dear SMHS Health Placement Student,

This Student Vaccination Form is required to be completed, signed and uploaded to SONIA to enable you to proceed with your placement(s).

Making an appointment with your GP or ECU Student Health Services:

Please contact your GP or the [ECU Student Health Services](#) to make an appointment to initiate your vaccination requirements. This form will provide your healthcare provider with the information they need in order to arrange tests and immunisations required by the Department of Health WA.

In most cases you will need more than one appointment to check your immunisation records and arrange vaccines and blood tests, so please take action early to avoid missing out on your placement. Please have your healthcare professional provide their name, signature and date when signing you off for each vaccination.

To minimise the number of appointments, please bring evidence of previous immunisation records and/or serology results.

Your Student Vaccination Form is complete when:

- Your GP has completed and signed each section on page 2.
- As a student you have completed and signed the Health Student Placement Acknowledgement on Page 3.

Once your Student Vaccination Form is complete, you are required to:

1. Retain a copy of this form for your personal record and to take to placements in case it is requested.
2. Once complete, upload this form to SONIA.

STUDENT VACCINATION FORM

Student name			
Student number		Date of birth	

Vaccine	Evidence required	Healthcare professional certification (Official stamp/details: Name, Signature, Date)
	<p>For guidance on vaccinations, please refer to the Australian Immunisation Handbook.</p> <p>Please utilise the WA Department of Health's Health Care Worker Immunisation Policy for further information on requirements.</p>	<p>I certify that:</p> <ul style="list-style-type: none"> I am currently registered as a medical practitioner with the Australian Health Practitioner Regulation Agency. I have personally overseen the immunisation or verified the immunisation records/serology. The information below is correct.
Measles/Mumps/Rubella (MMR)	<p>Evidence of</p> <p><input type="checkbox"/> Two MMR vaccinations (1 month apart)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Blood serology immunity (IgG)</p>	<p>Name/Signature:</p> <p>Date:</p>
Varicella	<p>Evidence of</p> <p><input type="checkbox"/> Two Varicella vaccinations (1 month apart)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Blood serology immunity (IgG)</p>	<p>Name/Signature:</p> <p>Date:</p>
Diphtheria, Tetanus and Pertussis (dTpa)	<p>Evidence of</p> <p><input type="checkbox"/> dTpa vaccination within the last 10 years</p>	<p>Name/Signature:</p> <p>Date:</p>
Tuberculosis Screening	<p>Evidence of</p> <p><input type="checkbox"/> Negative QuantiFERON-TB Gold Assay (most common test)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Negative Mantoux test (Tuberculin skin test)</p>	<p>Name/Signature:</p> <p>Date:</p>
Hepatitis B (Hep B)	<p>Evidence of</p> <p><input type="checkbox"/> Blood serology immunity (Anti-HBs or HBsAB positive)</p>	<p>Name/Signature:</p> <p>Date:</p>
Methicillin Resistant Staphylococcus Aureus - MRSA	<p>Has student been hospitalised as a patient or worked in a health care facility (including an older adult health care facility) outside of WA in the last 12 months?</p> <p style="text-align: center;">YES NO</p> <p style="text-align: center;">If 'Yes', MRSA screening is required</p> <p><input type="checkbox"/> Negative nose, throat and any skin lesion swab</p>	<p>Name/Signature:</p> <p>Date:</p>

Student name			
Student number		Date of birth	

Health Student Placement Acknowledgement:

- I acknowledge that I am required to notify ECU School of Medical and Health Sciences if I have a health condition that impacts my ability to attend placement or perform in the scope of practice. I acknowledge that this may impact my ability to complete my studies.*
- I acknowledge that ECU may be required to inform a placement facility of my immunisation status and any condition that may potentially impact patient or client safety.*
- I agree to advise ECU School of Medical and Health Sciences immediately of any changes to my health status and abilities.*
- I have been diagnosed with an infectious disease that may impact upon patient safety (including but not limited to HIV and Hepatitis C).*
 - No Yes, please provide details:
- I have a Latex allergy or other allergy that may be relevant to placements.*
 - No Yes, please provide details:

Student Signature:	Date:
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