

## Student Instructions for completing this form:

This form is to be completed in consultation with your General Practitioner (GP) or Nurse Practitioner (NP).

1. **Student Consent:** Complete the consent section to allow the University to use your information for placement purposes.
2. **Immunisation Records:** Obtain your past immunisation records (e.g., council records, past GPs, or myGov).
3. **GP/NP Appointment:** Schedule an appointment for your GP or NP to complete Sections 2 and 3. Bring your immunisation records to the appointment and ensure each compliant item is initialed. If not compliant, plan further appointments to complete all immunisations.
4. **Exposure Prone Procedures:** Read, complete, sign, and date section 4.
5. **Verification:** Ensure Sections 2 and 3 are fully completed before leaving your GP/NP's office or schedule further immunisation appointments if needed.
6. **Declaration & Submission:** Complete the declaration (section 5), add your name and student number to each page, and submit all 5 pages via InPlace.

## Section 1: Student Consent (student to complete)

I hereby request and give consent for the General Practitioner (GP)/Nurse Practitioner (NP) identified in Section 2 to complete this form in relation to my health information. I understand that the information is being collected by the University of Southern Queensland (UniSQ) for the purpose of administration of my admission and enrolment at UniSQ including (without limitation) for the purpose of administration of any professional experience placements. I authorise UniSQ to disclose my personal/sensitive information to:

- a) placement facilities; and
- b) **The Australian Health Practitioner Regulation Agency (AHPRA) - only if required under the AHPRA mandatory guidelines.**

I understand that all blood tests & vaccines cost will be the responsibility of the student.

Student Name	
Student Number	
Program of Study	
Student Signature	
Date of Signature	

**Important Student Note:** Students enrolled in Bachelor of Nursing/Bachelor of Midwifery may undertake exposure prone procedures (EPP) throughout the course of their study and are required to Complete Section 4 Exposure Prone Procedures at the commencement of the program.

## Section 2: General/Nurse Practitioner Details & Instructions:

1. Please complete sections 2 and 3 (pages 2 to 5), otherwise the student will not be able to attend placements.
2. Please provide the student with the completed and signed form and any pathology results required.

**Vaccination Guidelines:** as per current National Health and Medical Research Council Australian Immunisation Handbook.

General Practitioner/Nurse Practitioner's Name (PRINT):		<b>Practice Stamp or Facility name &amp; Address</b>
Provider Number:		
General/Nurse Practitioner's Signature:		
Date of Signature:		

**Section 3: Immunisations**

**Health Practitioner ONLY to complete this section - please ensure all immunisation dates and/or serology results are added**

Disease	Evidence of vaccination (Please select <b>ONE</b> option for each)	General Practitioner/Nurse Practitioner
<b>3.1 Measles, Mumps and Rubella (MMR)</b>	<input type="checkbox"/> Two documented doses of MMR vaccine at least one month apart Date of doses 1: ___/___/___ 2: ___/___/___ OR <input type="checkbox"/> Documented evidence of positive IgG for MMR Date of serology: ___/___/___ Booster dose if required: ___/___/___ OR <input type="checkbox"/> Birth date before 1966  <i>* Please note if responsive to measles, mumps or rubella only 1 booster dose advised.</i>	<b>GP/NP to initial when compliant:</b>  Initial: _____
<b>3.2 Pertussis (Whooping Cough) or dTpa (Diphtheria, Tetanus and Pertussis)</b>	<input type="checkbox"/> Documented evidence of one adult dose of dTpa within the past ten years Date of dose: ___/___/___	<b>GP/NP to initial when compliant:</b>  Initial: _____
<b>3.3 Varicella (Chicken Pox)</b>	<input type="checkbox"/> Two documented doses of Varicella vaccine at least one month apart Date of doses 1: ___/___/___ 2: ___/___/___ OR <input type="checkbox"/> Documented evidence of positive IgG for Varicella Date of serology: ___/___/___ Booster dose if required: ___/___/___ OR <input type="checkbox"/> History of chickenpox or documentation of physician-diagnosed Shingles	<b>GP/NP to initial when compliant:</b>  Initial: _____
<p><i>If student has no documented history of Varicella (chickenpox) infection or age-appropriate vaccination, it is recommended to conduct serology testing first. Many individuals with no history of infection are immune and may not require vaccination. It is not advised to test for seroconversion after Varicella vaccination.</i></p>		
<b>3.4 Annual Seasonal Influenza Vaccination</b>	<input type="checkbox"/> Evidence of Influenza vaccination yearly during annual 'Flu Season' – must be completed every year Date of dose 1 <sup>st</sup> year: ___/___/___  <i>*After, evidence to be provided separately via InPlace every 12 months</i>	<b>GP/NP to initial when compliant:</b>  Initial: _____

 Student Name:

 Student Number:

**3: Immunisations (continued) - Health Practitioner ONLY to complete this section**
**Hepatitis B**

- In accordance with the Australian Immunisation Handbook, 2022, the minimum recommended Hepatitis B vaccination schedule is 0 month (first dose), 1 month (second dose) and 4-6 months (third dose), with serology testing undertaken one month after the third dose.
- For adolescents between the ages of 11-15 Hepatitis B vaccine may be given as a two-dose course, with the two doses 4-6 months apart. For infants a 3 dose course at 2, 4 and 6 months of age.
- **An accelerated schedule is not accepted because it requires a fourth dose at 12 months to be complete.**

Evidence of Immunity – If someone is not susceptible to Hepatitis B and doesn't need the vaccine, they can provide:

- Serology tests showing Hepatitis B core Antibody
- A documented history of past Hepatitis B infection

Students who are Hepatitis B antigen positive do not need to disclose their status unless they perform procedures that could expose others.

<b>3.5(a) Hepatitis B</b>	<input type="checkbox"/> Three documented doses of Hepatitis B vaccines given over 4 to 6 months  Dose 1 (0 months): ___/___/___  Dose 2 (1 month): ___/___/___  Dose 3 (4-6 months): ___/___/___	<input type="checkbox"/> Hepatitis B Serology (titre level >10mIU/ml at least 4 to 8 weeks after completion of primary course)  Titre level: _____  Date of serology: ___/___/___	If negative titre after 3 primary doses: <input type="checkbox"/> One booster dose of Hepatitis B Dose 4 (0 months): ___/___/___  <input type="checkbox"/> Hepatitis B Serology required 4 weeks post dose 4: Titre level: _____ Date: ___/___/___	<input type="checkbox"/> Fully Compliant GP/NP to Initial when fully compliant:  Initial: _____  <input type="checkbox"/> Non-responder <i>Please complete section 3.5(b) ONLY if the student has completed 6 vaccinations and still has negative serology 1 month after the second series. All 6 doses and serologies must be documented here.</i>
<b>OR</b>		<b>AND</b>		
If booked for future doses record below:  Dose 2 due: ___/___/___ Dose 3 due: ___/___/___	Note: Serology after 2 doses is not accepted  <b>IF NEGATIVE SEROLOGY AFTER 3 DOSES PLEASE SEE NEXT COLUMN</b>		If anti- HBs still <10 mIU per mL complete 2 more doses and serology Dose 5 (1 month): ___/___/___  Dose 6 (2 months): ___/___/___  Serology (4 to 8 weeks after Dose 6): Titre level: _____ Date of serology: ___/___/___	

**3.5(b): Non-Responder to Hepatitis B Vaccine Acknowledgement**

Health Practitioner should **ONLY** complete this section if the student meets the below guidelines.

- The student has completed **both primary and secondary** Hepatitis B vaccine courses but lacks adequate post-vaccination antibodies. We have discussed the necessary risk prevention measures for clinical placement.
- The student understands the recommended management for potential Hepatitis B exposure, including the administration of Hepatitis B immunoglobulin (HBIG).
- The student is aware of their responsibility to undergo annual Hepatitis B screening and after any blood or body fluid exposure if they perform exposure-prone procedures during their studies.

Student Name (PRINT):	Student Signature:	Date:
GP/NP Name (PRINT):	GP/NP Signature:	Date:

**Immunisations - For Students residing outside of Queensland ONLY (complete relevant sections)**

Health Practitioner ONLY to complete this section

State	Disease	Evidence of vaccination (Please select <b>ONE</b> option for each)	General Practitioner/Nurse Practitioner Clinical Assessment
Western Australia	Tuberculosis Screening	Have you worked or been a patient in a hospital outside Western Australia, or overseas, in the past 12 months?  <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> (go to next section)	<b>GP/NP to initial when compliant:</b>  Initial: _____
		If YES and you have not had an MRSA screen result since that time you are required to have an MRSA screening.  <input type="checkbox"/> Date ___/___/___ Result: _____	<b>GP/NP to initial when compliant:</b>  Initial: _____
Northern Territory and Victoria	Hepatitis A	<input type="checkbox"/> Evidence of two doses of Hepatitis A vaccine at least 6 months apart Dose 1: ___/___/___ Dose 2: ___/___/___  <b>OR</b>  <input type="checkbox"/> Serology Titre level: _____	<b>GP/NP to initial when compliant:</b>  Initial: _____
Tasmania	HIV Antibody Test	Date: ___/___/___ Result: _____	<b>GP/NP to initial when compliant:</b> Initial: _____
	Hepatitis C Antibody Test	Date: ___/___/___ Result: _____	<b>GP/NP to initial when compliant:</b> Initial: _____

**Section 4: Exposure Prone Procedures (all students to complete, please read document attached)**

The current Communicable Diseases Network Australia (CDNA) guidelines define an Exposure Prone Procedure as one where there is a risk of injury to the healthcare worker resulting in exposure of the patient's open tissue to the blood of the worker. These procedures include those where the hands of the worker (whether gloved or not) may come into contact with sharp instruments, needle tips, or sharp tissue (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. While there is not a requirement to provide evidence of such, students must be aware of their infectious disease status.

This student is aware of their infectious status with regards to HIV and HCV, and any consequent implications.

Student Name (PRINT):	Student Signature:	Date:
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**Section 5: Student Declaration**

I declare that the information provided on this form is true and correct.

Student Name (PRINT):	Student Signature:	Date:
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