



Infection and Immunisation Declaration

for students undertaking placement as part of their studies in the
Faculty of Medicine, Dentistry and Health Sciences

Part A

Student Details & Declaration

This section must be completed by the student undertaking clinical studies.

Student name: _____ Student ID: _____

Course: _____

I declare that:

- I have read and understood the *Student Placements Handbook* and the *Infectious Diseases and Immunisation Procedure*, available online:
<http://mdhs.unimelb.edu.au/study/student-placements>
- I acknowledge and accept that it is my responsibility to:
 - **Obtain an annual influenza vaccination** and provide evidence if requested.
 - Ensure that I am protected from infection with vaccine-preventable diseases at all times during my studies
 - Seek professional medical advice as soon as practicable following any situation that may result in my possible infection with any transmissible infection that could impact on my suitability to undertake placement
 - Take all reasonable measures to prevent transmission of infectious diseases from myself to others
 - Comply with any additional infection and immunisation requirements as advised by my placement provider
 - Complete and submit this document annually as requested for the duration of my studies.
- If found to be infected with a blood-borne virus at any time prior to or during my clinical studies, I agree to consult with a specialist medical practitioner regarding the nature of the virus, extent of infection and likelihood of transmission. I also undertake to communicate this information, along with their advice regarding my suitability to undertake clinical and coursework activities according to accepted professional standards, to the University of Melbourne (“the University”) in writing as soon as practicable.
- **I am aware that infection with a blood-borne virus, incomplete immunisation, or non-compliance with any of the requirements specified in the *Student Placements Handbook* might impact on my suitability to complete placement studies, and that the decision to accept students into a professional environment rests solely with the placement provider.**
- I am aware that some placement providers will require that I show serological evidence of regular testing and vaccination, and I agree to provide this evidence upon request.
- I consent to the University securely storing a copy of this document and all subsequent documentation regarding my infectious diseases and immunisation information. I also consent to the University communicating any relevant details to appropriate University and placement provider staff for the purposes of coordinating my student placements.

Signature: _____

Date: _____

Any questions regarding compliance for student placements can be directed to the University of Melbourne Health Hub:

<http://mdhs.unimelb.edu.au/about/contact>

Part B overleaf...

Part B Medical Practitioner Statement

This section must be completed by an Australian-registered medical practitioner only.

I have sighted suitable evidence and believe it to be true that the person named in Part A of this document:
(tick all that apply)

Diphtheria, Pertussis, Tetanus

- Has been administered an adult dose of dTpa vaccine within the past 10 years.

Hepatitis A

- Has received positive test results for total hepatitis A antibodies or anti-HAV IgG.

Note: Immunity to hepatitis A is recommended for all healthcare students but is typically required for nursing students only.

Hepatitis B

- Has been serologically tested within the past 12 months and shown to be free from infection with hepatitis B; and
- Has been administered a full course of hepatitis B vaccine and been shown to have Anti-HBs greater than or equal to 10mIU/mL through serological testing.

Hepatitis C

- Has been serologically tested within the past 12 months and shown to be free from infection with hepatitis C.

Human Immunodeficiency Virus (HIV)

- Has been serologically tested within the past 12 months and shown to be free from infection with HIV.

Measles

- Has serological evidence that indicates immunity to measles (positive IgG).

Mumps

- Has serological evidence that indicates immunity to mumps (positive IgG).

Poliomyelitis

- Has been administered a full course of poliomyelitis vaccine.

Rubella

- Has serological evidence that indicates immunity to rubella (positive IgG).

Tuberculosis

- Has been screened by tuberculin (Mantoux) skin testing or QuantiFERON Gold blood testing within the past 12 months and shown to be free from infection with tuberculosis.

Varicella

- Has serological evidence that indicates immunity to varicella (positive IgG) or (if protective antibody levels are not demonstrated) has been administered two doses of varicella vaccine.

If any of the above have not yet been satisfied or there is additional information to provide, a typed explanation (on letterhead) should be attached. **Has an additional sheet been attached?** YES

Student Declaration

I declare that, to the best of my knowledge, this document and any attached documentation is an accurate representation of my current infection and immunisation status.

I have declared in writing, or will declare as soon as practicable, any other information that may impact my suitability for clinical studies.

Print Name: _____

Signature: _____

Date: _____

Medical Practitioner Declaration

I declare that, to the best of my knowledge, this document and any attached documentation is an accurate representation of this person's current infection and immunisation status.

Print Name: _____

Provider No: _____

Phone: _____

Signature: _____

Date: _____