



# Infection and Immunisation Declaration

For students undertaking placement in a health care environment as part of their studies in the Faculty of Medicine, Dentistry and Health Sciences.

Health care workers and students have a professional responsibility to ensure that they take all reasonable steps to prevent the transmission of infectious diseases, including complying with all government policies and recommendations.

The University has a legal obligation to collect infection and immunisation information from health care students and to communicate this information to prospective placement providers, so that they may assess each student's suitability for placement within their organisation according to their local infection prevention policies.

**Students are required to complete and submit all parts of this form to the University annually and as required for the duration of their studies.**

## Part A: Infection Screening

**Student name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

### Blood-borne viruses

*(Student to complete)*

By ticking this box, I declare that I have been tested within the last 12 months for blood-borne viruses (hepatitis B, hepatitis C, HIV) and will immediately seek the advice of a medical practitioner with appropriate expertise, such as a specialist Infectious Diseases Physician or similar, in relation to any current infection. I will comply with any advice they provide as relevant to my role as a health care student, and I am aware that questions about study or career implications can be directed confidentially to a senior academic within my School or Department or to the relevant professional association. I know that health care workers must not perform exposure prone procedures if they are human immunodeficiency virus (HIV) antibody positive, hepatitis C virus RNA positive or hepatitis B virus DNA positive.

### Tuberculosis

*(Doctor to complete)*

Students are required to be screened annually for the presence of tuberculosis and must receive medical clearance to work in a hospital or other health care setting.

<u>Test completed</u>	<u>Date of test</u>	<u>Result</u>
Tuberculin skin test (Mantoux)	_____	<input type="checkbox"/> Student received a negative test result and displays no symptoms of active tuberculosis.  <b>OR</b> <input type="checkbox"/> Student received a reactive test result and/or has symptoms of active tuberculosis, and has been referred to an Infectious Disease or Respiratory Physician for further advice.*
<b>OR</b> Interferon-gamma release assay (QuantiFERON-TB Gold)	_____	

\* Student must provide a written statement from specialist Infectious Disease or Respiratory Physician advising clearance to work in a health care environment before commencing placement.

**Doctor Name:** \_\_\_\_\_

**Provider No:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Part B: Immunisation Record

Student name: \_\_\_\_\_

Student ID: \_\_\_\_\_

<u>Disease</u>	<u>Evidence Required</u>	<u>Record</u> <i>(Doctor to complete)</i>	
<b>Diphtheria Tetanus Pertussis</b>	Documented history of one adult dose of dTpa vaccine administered within the past 10 years.	_____ <b>Date of vaccine</b>	
<b>Hepatitis A</b>	Documented history of completed age-appropriate course of hepatitis A vaccine.	_____ <b>Date of course completion</b>	<input type="checkbox"/> <i>In progress</i>
<b>Hepatitis B</b>	Documented history of completed age-appropriate course of hepatitis B vaccine;  <b>AND</b> Post vaccination serology indicating Anti-HBs greater than or equal to 10mIU/mL.	_____ <b>Date of course completion</b>  _____ <b>Date of serology</b>	<input type="checkbox"/> <i>In progress</i>
<b>Measles</b>	Serology indicating immunity to measles (positive IgG).	_____ <b>Date of serology</b>	
<b>Mumps</b>	Serology indicating immunity to mumps (positive IgG).	_____ <b>Date of serology</b>	
<b>Poliomyelitis</b>	Documented history of completed full course of poliomyelitis vaccine.	_____ <b>Date of course completion</b>	<input type="checkbox"/> <i>In progress</i>
<b>Rubella</b>	Serology indicating immunity to rubella (positive IgG).	_____ <b>Date of serology</b>	
<b>Varicella</b>	Documented history of two doses of varicella vaccine;  <b>OR</b> Serology indicating immunity to varicella (positive IgG).	_____ <b>Date of second dose</b>  _____ <b>Date of serology</b>	<input type="checkbox"/> <i>In progress</i>

## Medical Practitioner

I declare that, to the best of my knowledge, the above immunisation record and any supplementary statements provided by me in relation to it are an accurate representation of this person's current immunisation status. Any inadequate seroconversion to the above vaccinations has been managed in accordance with the Australian Immunisation Handbook and, where non-seroconversion persists, the student has been referred to an Infectious Diseases Physician.

**Doctor Name:** \_\_\_\_\_

**Provider No:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Part C: Student Declaration

Student name: \_\_\_\_\_

Student ID: \_\_\_\_\_

I declare that:

- 1) I have read and understood the *Student Placements Handbook* and the *Infectious Diseases and Immunisation Procedure*, available online:  
<http://mdhs.unimelb.edu.au/study/current-students/placements>
- 2) The information provided by me on all pages of this form is, to the best of my knowledge, true and correct.
- 3) I acknowledge and accept that:
  - a) It is my responsibility to ensure that I am protected from infection with vaccine-preventable diseases at all times, and that I must take all reasonable measures to prevent transmission of infectious diseases from myself to others.
  - b) All health care workers, including student health care workers, have a professional and ethical responsibility to be voluntarily tested annually for blood-borne viruses, and immediately after any potential exposure that could result in disease acquisition.
  - c) All health care workers and students have a professional and legal obligation, on learning they are infected with a blood-borne virus, to immediately seek formal advice about personal care, monitoring and work practices from a medical practitioner with appropriate expertise, such as a specialist Infectious Diseases Physician or similar, and to comply with that advice. I know that I must not perform exposure prone procedures if I am human immunodeficiency virus (HIV) antibody positive, hepatitis C virus RNA positive or hepatitis B virus DNA positive.
  - d) I am expected to obtain an **annual influenza vaccination**.
- 4) I am aware that:
  - a) The University of Melbourne has developed this form in consideration of current State and Commonwealth guidelines regarding infection control, however some placement providers may require students to satisfy additional vaccination and testing requirements. This may include a requirement to present acceptable evidence of vaccination and/or serological testing directly to the placement provider prior to commencing placement.
  - b) Non-compliance with any infection control policies of a placement provider may result in suspension or termination of my placement.
  - c) While the University will take all reasonable steps to source placements appropriate to my infection and immunisation status, the decision to accept students into a professional health care environment rests solely with each placement provider.
  - d) In some circumstances, insufficient immunisation or current infection with a blood-borne virus may impact a person's ability to achieve professional registration or restrict their work practices as a health practitioner. Students can access confidential advice specific to their intended career outcome by contacting their School or Department or the appropriate professional association.
- 5) I understand that the information on this form and any supplementary documentation I provide is being collected by the Faculty of Medicine, Dentistry and Health Sciences, the University of Melbourne. This information will be used by the University to coordinate and administer my student placements, and may be made available to my assigned placement provider(s) so that they may assess my suitability for placement. I accept that if I elect to undertake a placement with an overseas placement provider then the information collected on this form may be communicated to that overseas organisation and will become subject to the privacy and data collection laws of the country in which that organisation operates. I understand that I may access any personal information I have provided to the University by contacting +61 3 9035 5511, and that the University of Melbourne is committed to protecting personal information provided by me in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic).

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

## Supplementary Information

In Victoria, each hospital and health service has responsibility for developing and enforcing their own infection control policies. While these policies may differ between organisations and health services in other States/Territories, all are required to be consistent with the minimum standards published by the Australian Government from time to time.

### Current infection status

All health care workers and students have a professional and ethical responsibility to be aware of their current infection status and take all reasonable steps to prevent the transmission of infection to others. Students should be tested at the beginning of their studies and annually thereafter for blood-borne viruses (**hepatitis B, hepatitis C and HIV**), plus immediately after any potential exposure that could result in disease acquisition. If found to have current infection, students and health care workers must immediately seek formal advice from a specialist Infectious Diseases Physician with appropriate expertise and comply with such advice.

Students with current infection are encouraged to speak with senior academic staff in their School or Department or the relevant professional association for advice on study or career implications, if any.

Few placement providers will require students to provide evidence of current blood-borne virus infection status, however students are often required to provide evidence of regular screening for **tuberculosis**.

### Immunisation against vaccine-preventable diseases

Before commencing placement in a health care environment, students must satisfy the immunisation requirements of their assigned placement provider. These may differ from organisation to organisation, but in the majority of cases students must be immunised according to the *Australian Immunisation Handbook* for the diseases outlined in *Vaccination for health care workers guidelines* published by the Victorian Department of Health and Human Services:

- **Hepatitis B**
- **Influenza**
- **Measles, mumps, rubella**
- **Pertussis**
- **Varicella**

Furthermore, approximately 40% of Victorian public health services require students to provide evidence of vaccination against **hepatitis A**, and 28% require evidence of vaccination against **poliomyelitis**.

To ensure that there are no delays or obstruction to sourcing suitable placement opportunities, the University strongly recommends that students satisfy the immunisation requirements for *all* the above listed diseases prior to commencement of their studies. The details of student immunisation status is collected by the University and communicated to prospective placement providers for the purposes of assessing a student's suitability for placement.

*Students should retain copies of the evidence outlined on page 2 for each disease, as some placement provider will require the original evidence to be presented to them directly on the first day of placement. The University will not be responsible for any placements missed as a result of students not providing sufficient evidence.*

### Contraindication or chronic non-seroconversion

Student vaccinations should be managed in accordance with the Australian Immunisation Handbook and, where contraindication or chronic non-seroconversion exists, the student must be referred to an Infectious Diseases Physician for further advice. The Infectious Diseases Physician should provide a signed statement on letterhead advising any recommended risk management strategies deemed to be appropriate for the student's field of study and individual circumstances.

### Conscientious objection

Conscientious objectors to vaccination must still complete all parts of this document (including the immunisation record, as applicable) and should also notify the University of their intention to not receive further vaccinations by sending an email to: [health-hub@unimelb.edu.au](mailto:health-hub@unimelb.edu.au)

Students should note that incomplete immunisation may impact course progression due to a lack of appropriate placement opportunities. In some cases, students may be unable to complete their course or may experience a restriction of career opportunity.