

Dear Student,

This form encompasses both your medical and student declaration requirements to be completed, signed and uploaded to SONIA to enable you to proceed with your placement.

- Pages 1 and 2 – GP to complete and sign
- Page 3 – Student to complete and sign

Please make an appointment with your GP or ECU Student Health Services to discuss what is required so that you are ready for clinical placements. This form will provide your GP with the information he/she needs 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 for the medical declaration, so **please take action early to avoid missing out on your placement.**

To minimise the number of appointments, **please bring copies of immunisation records and serology results that you have.**

Medical Practitioner Declaration

Student name:	Date of birth: Student number:
Hepatitis B Requires evidence of serological immunity	Date of serology: Serology results (please select below): <input type="checkbox"/> Not immune to hepatitis B (anti-HBs or HBsAb negative). If not immune, consider tests for current infection and follow guidelines in the Australian Immunisation Handbook for non-responders. <input type="checkbox"/> <u>Immune</u> to hepatitis B (anti-HBs or HBsAb positive) Additional comments (if needed):
Pertussis & Tetanus Requires completion of primary course of dTPa vaccine and booster in last 10 years	Primary course of dTPa <input type="checkbox"/> Not completed <input type="checkbox"/> <u>Completed</u> dTPa booster required within the past 10 years Date of vaccine: <u>(past 10 years)</u> Additional comments (if needed):
Measles, Mumps & Rubella Requires <u>one</u> of the following: 2x doses of MMR vaccine at least 1 month apart, or Presence of mumps IgG antibody on serology	Select at least <u>one</u> of the following: <input type="checkbox"/> At least 2 doses of MMR vaccine at least 1 month apart. Date of last vaccine: <input type="checkbox"/> Immunity demonstrated by ALL three of the following: positive measles IgG antibody on serology on [date] ; positive mumps IgG antibody on serology on [date] positive rubella IgG antibody on serology on [date] Additional comments (if needed):

<p>Varicella</p> <p>Requires <u>one</u> of the following: 2x doses of varicella vaccine at least 1 month apart, or Presence of varicella IgG antibody on serology</p>	<p>Select at least <u>one</u> of the following:</p> <p><input type="checkbox"/> At least 2 doses of varicella vaccine at least 1 month apart Date of last vaccine:</p> <p><input type="checkbox"/> Immunity demonstrated by positive varicella zoster IgG antibody on serology performed on [date]</p> <p>Additional comments (if needed):</p>
<p>Tuberculosis</p> <p>Requires QuantiFERON-TB Gold Assay (most common test) or Tuberculin skin test (TST) (Mantoux)</p>	<p>Select <u>one</u> of the following:</p> <p><input type="checkbox"/> No evidence of exposure to tuberculosis, test interpretation reported as negative</p> <p><input type="checkbox"/> Indeterminate or positive, please refer to the Anita Clayton Centre (WA Tuberculosis Program) and comment on action taken:</p>
<p>MRSA screening</p> <p>Required for any student who has been hospitalised or worked in any healthcare facility outside WA in the past 12 months is required to have swabs taken from the nostrils, throat and any skin lesions.</p>	<p>Hospitalisation or work in a healthcare facility outside of WA in the past 12 months:</p> <p><input type="checkbox"/> <u>No</u>: no further questions on MRSA <input type="checkbox"/> <u>Yes</u>: please continue</p> <p>If yes, swabs from nostrils, throat and any skin lesions were taken on [date]</p> <p><input type="checkbox"/> MRSA negative (all swabs negative)</p> <p><input type="checkbox"/> MRSA positive (any swab positive). MRSA is notified by laboratories to Department of Health. For advice on management please contact your clinical microbiologist.</p>

GP Certification

I certify that:

- 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, and
- the information above is correct.

Signed:

Date:

STAMP:

Student Declaration - Please check each statement and sign below

Student name:	Date of birth:
Student number:	
I have a latex allergy or other allergy that might be relevant to clinical placements	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have an infectious disease that may impact upon patient safety in clinical placements (including but not limited to HIV and hepatitis C) Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent for Edith Cowan University to inform clinical placement provider of any condition that may impact upon patient or client safety, including my health and police check status. I acknowledge that this may impact upon my ability to complete my studies.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent for Edith Cowan University to inform clinical placement provider of any personal information required, that is relevant to my placement(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am emotionally stable; am able to communicate effectively; and have sufficient visual and auditory capacity, strength and mobility to perform allied health tasks through a normal work day.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to inform ECU immediately about any changes to my health status which may impact on my ability to safely participate in placements and anything which is likely to change my police check status.	<input type="checkbox"/> Yes <input type="checkbox"/> No
DECLARATION OF CONFIDENTIALITY I understand the meaning of and the requirement to maintain the confidentiality of patient/client and employee information. I undertake not to use for any purpose, other than for the discharge of duties assigned to me, information gained or conveyed to me. I am aware that any breach of confidentiality, including the release of any information which may identify patient/client(s) or employee(s) to unauthorised personnel, or discussion of such, could lead to disciplinary measures, including termination of access to the facilities and legal action being taken by the patient/client under the Criminal Code. I understand that I am expected to observe patient/client's and employees' rights to confidentiality, even after completion of my period of clinical placement. I acknowledge that my access to patient/client / client medical records is restricted to those patients/clients / clients for whom I am providing clinical care, unless specifically directed to access information by the Head of Department or their nominated delegate. I acknowledge that no records or parts of records may be removed from the facility and that I am not permitted to photocopy patient/client / client records. Where permission has been obtained from the Head of Department or their nominated delegate only handwritten notes without identifying information may be made (e.g. record number, name or initials, date of birth, address).	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student Signature:

Date: