

**School of Nursing and Midwifery**  
**BACHELOR OF SCIENCE (NURSING)/**  
**BACHELOR OF SCIENCE (MIDWIFERY)**  
**Y76**

Pre Practicum Preparation Checklist			
<b>STUDENT NAME:</b>		<b>STUDENT NUMBER:</b>	
<b>MANDATORY REQUIREMENTS</b> – Photocopies (some certified) of the following documents are required to be uploaded to SONIA. Information about SONIA and specific details of requirements can be found on the Clinical Placements Blackboard site under Pre Practicum Preparation. All requirements must be uploaded from MIP1203/NPP1101 onwards unless otherwise specified.			
WA National Police Certificate (must be certified /renew every 3 years) (When uploaded to SONIA please tick box <b>Show to Site</b> )		Expiry Date:	
WA Health National Criminal History Record Check (must be certified /renew every 3 years)		Expiry Date:	
CPR (Cardio Pulmonary Resuscitation) - Must be renewed every year		Expiry Date:	
Neonatal Resuscitation – Must be renewed every year		Expiry Date:	
Manual Handling certificate – Must be renewed every year		Expiry Date:	
Hand Hygiene – must be completed online every semester		Expiry Date:	
Medical Calculations - must be completed online every semester (NPP1201/MIP2101 onwards)		Expiry Date:	
Confidentiality Agreement – form to be printed, signed and uploaded		Dated:	
International Students – Police Clearance from country/ies of residence in the past 12 months		Expiry Date:	
Working With Children Check (must be certified /renew every 3 years) required for Continuity of Care Experiences and MIP1203		Expiry Date:	
<b>IMMUNISATION REQUIREMENTS:</b>			
Measles (Evidence of two MMR vaccinations or serology that shows immunity)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rubella (Evidence of two MMR vaccinations or serology that shows immunity)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mumps (Evidence of two MMR vaccinations or serology that shows immunity)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Varicella (Evidence of two vaccinations or serology that shows immunity)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diphtheria, Tetanus and Pertussis Documented evidence of vaccination <b>within the last 10 years</b> NO serology accepted		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tuberculosis Screening (Evidence of Quantiferon or Mantoux test)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Influenza Required Annually		Date: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hepatitis B (Proof of three vaccinations and serology results /evidence of immunity). All to be completed prior to undertaking Continuity of Care Experiences and practicum for MIP1203		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>OTHER RISK:</b>			
Do you have allergies to Latex or any other acute allergies relevant to clinical placement?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any infectious disease that may compromise patient safety, including, but not limited to; Hepatitis B & C, HIV?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please contact your GP or Student Health Services	
MRSA Screening: If you have been a patient or worked in a health care facility (including an older adult health care facility) outside of WA in the last 12 months you will need MRSA screening. In addition, regional specific screening may be required. Please contact your Unit Coordinator for further information.		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must provide MRSA Screening	
<b>OPTIONAL VACCINATION: (Recommended but not compulsory)</b>			
Hepatitis A		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Polio		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>DECLARATION:</b>			
I hereby acknowledge that all statements selected on this form are true to the best of my knowledge. I consent that Edith Cowan University may inform a clinical placement facility of any condition that may potentially impact patient or client safety. I acknowledge that this may impact my ability to complete my studies. I agree to advise ECU immediately of any changes to my health status related to the questions above.			
Student signature _____		Date _____/_____/_____	
Students will be contacted and counselled by the Director, Clinical and/or International prior to any action being undertaken to inform health care facilities.			

**Students: Please Note - All completed documents need to be submitted by census date.**

This document is required to be completed and uploaded to SONIA <https://sonia.ecu.edu.au/SoniaOnline/School.aspx?SchoolId=1>