

Student Serology and Immunisation Form

**Instructions for students:**

As part of the requirements of some placement host organisations, it is necessary for students to undertake health screening to better protect them from contracting infections during placements and to protect colleagues and patients.

Health screening includes proof of immunisation against infectious diseases or proof of immunity to infectious diseases. For some degrees it is necessary to screen for certain viral infections so that they can be effectively managed in accordance with national guidelines.

The process of health screening may take one week to confirm immunity, but it can take up to six months for students who need a full course of immunisation.

To reduce the likelihood of your health screening process taking many months please follow these steps.

1. You should start by completing your personal information in the header section of page 1 of the form (double click on the header to activate). These details will be populated onto each subsequent page of the form. You are also required to acknowledge that the information provided is accurate and up to date at the time of submission.
2. Confirm the infectious diseases for which you are required to provide immunisation records. Print the relevant pages from this form (in most cases there is a separate page for each immunisation record). Collect as much evidence of all your immunisations that you have available. This may include childhood vaccinations in your “baby book” through to your most recent COVID-19 or travel vaccinations. This is especially important for students whose immunisation information is not available on the Australian Immunisation Register.
3. Book an appointment with your preferred General Practitioner (GP) as soon as possible after receiving notification that you need to present evidence of immunisation for your placement. This form will provide your GP with the information required to arrange tests and immunisations to meet Department of Health WA obligations. You should take the required pages from this form with you to your appointment. There are instructions for your GP to follow on each page.
4. Please make sure your GP has entered their full name, stamp, and signature against each entry they complete on the form.
5. You may be required to have some blood tests done. Since these are being done for health screening they may not be covered by Medicare. Students who have Overseas Student Health Cover (OSHC) will usually be expected to pay for the blood tests and then claim it back from their health insurer. The QuantiFERON test for tuberculosis screening is not covered by Medicare or OSHC. At the time of writing, this test costs $75.
6. You will need to arrange a follow up appointment with your GP when you get the blood test results.
7. Based on the results of your blood tests, you may require additional vaccinations. These are not covered by Medicare (except on a few occasions when receiving catch up vaccinations before age 20) and usually not covered by your OSHC.
8. Once your blood tests results are back, and your required vaccinations have been administered, the relevant page of this “Student Serology and Immunisation Form” must be submitted to the relevant check on Sonia. You are not required to submit the original serology reports to Sonia, but you must retain copies of all these records.

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| **Diphtheria, tetanus, acellular pertussis (dTpa)**  **Instructions for GP**   * Is there evidence of one adult dose in the last ten years?   **Yes:** enter details, date, sign, and stamp.  **No:** administer dTpa vaccination, enter details, date, sign, and stamp | | | |
| **Vaccine** | **Date** | **Batch No. (where possible) or Brand name** | **Official Certification sighted / confirmed** *(clinic/ practice stamp, full name, and signature next to each entry)* |
| Dose 1: | Date  \_\_/\_\_/\_\_ |  | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** |
| Vaccine Booster:  (10 years after previous dose) | Date  \_\_/\_\_/\_\_ |  | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** |

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| **Hepatitis B**  **Instructions for GP**   1. Perform Serology Hepatitis B surface antibody | | | | | |
| HBSAb Serology Result | Date  \_\_/\_\_/\_\_ | | mIU/mL: \_\_\_\_\_\_\_\_\_  Immune:  Not Immune: | | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** |
| 1. >10 = immune. Enter details above, date, sign and stamp. No further action required. 2. <10 =not immune. Enter details above, date, sign and stamp.   Does the student have evidence of age-appropriate course of hepatitis B immunisations?   1. Tick to confirm if yes and proceed to **step 5** 2. If no, undertake a complete course of immunisations as per *Australian Immunisation Handbook*. Repeat serology 4-8 weeks after last injection. | | | | | |
| Adult Hepatitis B Dose 1  Date: \_\_/\_\_/\_\_ | | Adult Hepatitis B Dose 2  Date: \_\_/\_\_/\_\_ | | Adult Hepatitis B Dose 3  Date: \_\_/\_\_/\_\_ | |
| **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** | | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** | | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** | |
| 1. Repeat Serology Hepatitis B surface antibody | | | | | |
| HBSAb Serology Result | Date  \_\_/\_\_/\_\_ | | mIU/mL: \_\_\_\_\_\_\_\_\_  Immune:  Not Immune: | | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** |
| 1. If immunity is not achieved following course of immunisations, administer a booster dose of adult Hepatitis B vaccination, and repeat serology 4-8 weeks after last injection. If the result is still not immune, repeat booster and serology 4-8 weeks after last injection. A third booster may be required if immunity is still not achieved. | | | | | |
| Booster Dose 1  Date: \_\_/\_\_/\_\_ | Serology Hepatitis B surface antibody  mIU/mL: \_\_\_\_\_\_\_\_\_  Immune:  Not Immune: | | Booster Dose 2  Date: \_\_/\_\_/\_\_ | | Serology Hepatitis B surface antibody  mIU/mL: \_\_\_\_\_\_\_\_\_  Immune:  Not Immune: |
| **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and sign).** | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and sign).** | | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and sign).** | | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and sign).** |
| **Measles, Mumps and Rubella (MMR)**  **Instructions for GP**   1. Proof of 2 measles, mumps and rubella vaccinations, record details, sign, stamp, and date. 2. If no evidence of 2 vaccinations either:    1. Administer MMR vaccinations to a total of 2 doses in the student’s lifetime, **or**    2. Test measles, mumps, and rubella IgG serology.       1. Immune to MMR. Enter details, sign stamp and date.       2. Not immune to MMR. Administer MMR vaccinations to a total of 2 doses in the student’s lifetime. | | | | | |
| Measles, Mumps and Rubella (MMR) Dose 1  Date: \_\_/\_\_/\_\_ | | | Measles, Mumps and Rubella (MMR) Dose 2  Date: \_\_/\_\_/\_\_ | | |
| **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry)** | | | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** | | |
| **OR** | | | | | |
| Serology Measles | Date  \_\_/\_\_/\_\_ | | Detected:    Not Detected: | | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** |
| Serology Mumps | Date  \_\_/\_\_/\_\_ | | Detected:  Not Detected: | | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** |
| Serology Rubella | Date  \_\_/\_\_/\_\_ | | Result mIU/mL:  Immune:  Not Immune: | | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** |
| **Varicella**  **Instructions for GP**   1. Proof of 2 varicella vaccinations, record details, sign, stamp, and date. 2. No evidence of 2 vaccinations either:    1. Administer varicella vaccinations to a total of 2 doses in the student’s lifetime, **or**    2. Test varicella rubella IgG serology.       1. Immune to varicella - enter details, sign, stamp, and date.       2. Not immune to varicella. Administer varicella vaccinations to a total of 2 doses in the student’s lifetime. Enter details, sign, stamp, and date. | | | | | |
| Varicella Dose 1  Date: \_\_/\_\_/\_\_ | | | Varicella Dose 2  Date: \_\_/\_\_/\_\_ | | |
| **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** | | | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** | | |
| **OR** | | | | | |
| Serology Varicella | Date  \_\_/\_\_/\_\_ | | IgG Result: \_\_\_\_\_\_\_\_\_\_\_  Immune:  Not Immune: | | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** |

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| **Tuberculosis Screening**  **Instructions for GP**   1. Proof of negative QuantiFERON gold **OR** Mantoux test result.   **Yes:** enter details, sign, stamp, and date.  **No:** request QuantiFERON Gold test.  Negative: Enter details, sign stamp and date.  Positive: **Refer to Public Health Department, Anita Clayton Centre**  Enter details, sign, stamp, and date.  \*Please note: A positive or indeterminate test does not affect ability to attend clinical placement. | | | |
| QuantiFERON Gold | Date  \_\_/\_\_/\_\_ | TB Interpretation: | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** |
| **OR** | | | |
| Mantoux Test | Date  \_\_/\_\_/\_\_ | Result: | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** |

**The following check is only required for specific students and / or specific placements. Please review Sonia carefully to check if this is applicable to you.**

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| **Hepatitis A**  (Required by any student undertaking placement in remote Aboriginal communities in Western Australia).  **Instructions for GP**   1. Proof of 2 Hepatitis A immunisation, record details, sign, stamp, and date. 2. No evidence of 2 vaccinations either:    1. Administer Hepatitis A vaccinations to a total of 2 doses in the student’s lifetime,   **or**   * 1. Test Hepatitis A IgG serology.      1. Immune to Hepatitis A, record details, sign, stamp, and date.      2. Not Immune to Hepatitis A, administer Hepatitis A vaccinations to a total of 2 doses in the student’s lifetime.record details, sign, stamp, and date. | | | |
| Hepatitis A Dose 1  Date: \_\_/\_\_/\_\_ | | Hepatitis A Dose 2  Date: \_\_/\_\_/\_\_ | |
| **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** | | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** | |
| **OR** | | | |
| Hepatitis A IgG Serology | Date  \_\_/\_\_/\_\_ | Detected:  Not Detected: | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** |

**If you have worked in and/or been a patient in a clinical setting or hospital outside Western Australia in the last 12 months, you will be asked to complete an MRSA swab test. Provide this form to the GP and have your swab test results recorded below. Please upload the result to your MRSA Screening check in Sonia.**

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| **MRSA Screening**  (Only required if the student has worked in and/or been a patient in a clinical setting or hospital outside Western Australia in the last 12 months)  **Instructions for GP**  **If MRSA is isolated student should undergo decolonisation treatment as per the protocol in the WA Health Guidelines. Repeat screening swabs 1 week after treatment then after 4, 8 and 12 weeks. If MRSA colonisaton persists, refer to infectious disease specialist.** | | | |
| MRSA Screening | Date  \_\_/\_\_/\_\_ | Result:  Isolated:  Not Isolated: | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** |
| **MRSA Screening** (only required if the student has worked in and/or been a patient in a clinical setting or hospital outside Western Australia in the last 12 months)  **If MRSA is isolated student should undergo decolonisation treatment as per the protocol in the WA Health Guidelines. Repeat screening swabs 1 week after treatment then after 4, 8 and 12 weeks. If MRSA colonisaton persists, refer to infectious disease specialist.** | | | |
| MRSA Screening | Date  \_\_/\_\_/\_\_ | Result:  Isolated:  Not Isolated: | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** |
| **MRSA Screening** (only required if the student has worked in and/or been a patient in a clinical setting or hospital outside Western Australia in the last 12 months)  **If MRSA is isolated student should undergo decolonisation treatment as per the protocol in the WA Health Guidelines. Repeat screening swabs 1 week after treatment then after 4, 8 and 12 weeks. If MRSA colonisaton persists, refer to infectious disease specialist.** | | | |
| MRSA Screening | Date  \_\_/\_\_/\_\_ | Result:  Isolated:  Not Isolated: | **Official Certification sighted / confirmed by vaccination provider (clinic / practice stamp, full name, and signature next to each entry).** |

**Other Vaccinations**

These vaccinations do not require you to have your immunisation records certified by your GP. You should upload evidence (as detailed below) directly to the relevant check on Sonia.

**COVID-19 Vaccinations:**

While WA’s mandatory COVID-19 vaccination policy no longer applies, individual employers, workplaces and certain professions may require their employees and visitors to be vaccinated against COVID-19. Please check Sonia to confirm if this is required for your placement.

Evidence of COVID-19 vaccination must be provided using the following forms of evidence:

* Medicare Australian Immunisation Register (AIR)
* COVID-19 Digital Certificate

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| **COVID-19 Vaccinations:** | | |
| COVID-19 Dose 1  Date: \_\_/\_\_/\_\_ | COVID-19 Dose 2  Date: \_\_/\_\_/\_\_ | COVID-19 Dose 3  Date: \_\_/\_\_/\_\_ |
| AIR Statement or COVID-19 digital certificate uploaded to Sonia: | AIR Statement or COVID-19 digital certificate uploaded to Sonia: | AIR Statement or COVID-19 digital certificate uploaded to Sonia: |

**Influenza Vaccinations:**

Annual influenza vaccination is strongly recommended for all health care workers and mandatory for Category A workers and students. Please check Sonia to confirm if this is required for your placement.

Evidence of the annual influenza must be provided using the following forms of evidence:

* Medicare Australian Immunisation Register (AIR)
* Pharmacy or GP letter with full details signed and stamped by the vaccination provider.

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| **Influenza Vaccinations:** | | |
| Influenza Vaccination  Date: \_\_/\_\_/\_\_ | Influenza Vaccination  Date: \_\_/\_\_/\_\_ | Influenza Vaccination  Date: \_\_/\_\_/\_\_ |
| AIR Statement or proof of vaccination letter uploaded to Sonia: | AIR Statement or proof of vaccination letter uploaded to Sonia: | AIR Statement or proof of vaccination letter uploaded to Sonia: |