Centre for Health and Social Practice

Immunisation Form and Vaccination Declaration

Students are required to provide information about their immunity for clinical placement. Your GP or delegated health professional may have evidence of your vaccinations. If you do not have evidence of vaccinations, blood testing is required to ascertain your immunity. If not immune, vaccination is required.
Note: Cost of any screening, treatment or vaccinations required are the student's responsibility.

It is advised that students keep a hard copy and an electronic copy for future reference if needed.
Please upload this form to Sonia once completed.

For student to complete:	
Full name:	
Date of birth: DD / MM / YYYY	Student ID Number:

For GP or Health Professional to complete:
Wintec, a Business Division of Te Pūkenga – New Zealand Institute of Skills and Technology, is required to hold documentary evidence of immunity and vaccination by health agencies/practitioners offering clinical placements to students. This information may be shared as necessary with appropriate health professionals and placement providers.

HEPATITIS B

Hep B – antigen Negative ☐ Positive ☐ **Hep B – antibody** Immune ☐ Not immune* ☐
(continue with vaccination)

***If not immune**:

Previous full Hep B course of immunisation:

1. **If not immune** administer challenge dose
   Date _____ Initial _____

   Serology test results (3-4 weeks later)
   Immune ☐ Not immune ☐
   (continue with 2nd full course)

2. **If not immune** complete 2nd full course (2 further doses)

   2nd dose Date _____ Initial _____

   3rd dose Date _____ Initial _____

   Serology test results (3-4 later)
   Immune ☐ Not immune ☐

No previous Hep B vaccinations:

1. administer full Hep B course

   1st dose Date _____ Initial _____

   2nd dose Date _____ Initial _____

   3rd dose Date _____ Initial _____

   Serology test results (3-4 weeks after completion)
   Immune ☐ Not immune ☐
   (continue with Booster)

2. **If not immune** administer challenge dose
   Date _____ Initial _____

   Serology test results (3-4 weeks later)
   Immune ☐ Not immune ☐
   (continue with 2nd full course)

3. If not immune complete 2nd full course (2 further doses)

   2nd dose Date _____ Initial _____

   3rd dose Date _____ Initial _____

   Serology test results (3-4 weeks later)
   Immune ☐ Not immune ☐

Hepatitis B screening complete **Date** _____ **Initial** _____

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MMR *(not applicable if born before 1969*)

Documented dates of two MMR vaccinations — 1st dose Date _____ Initial _____

2nd dose Date _____ Initial _____

OR

MEASLES	Laboratory evidence of immunity	Immune ☐	Not immune ☐
MUMPS	Laboratory evidence of immunity	Immune ☐	Not immune ☐
RUBELLA	Laboratory evidence of immunity	Immune ☐	Not immune ☐

If not immune administer vaccination/s and document above

MMR Complete **Date** _____ **Initial** _____

VARICELLA

Diagnosis or verification of a history of varicella zoster by a health professional — Date _____

or

Documented administration of two doses of varicella vaccine *(6 weeks apart)* — 1st dose Date _____ Initial _____; 2nd dose Date _____ Initial _____

or

Laboratory evidence of immunity or laboratory confirmation of disease — Immune ☐ Not immune ☐

If not immune administer vaccination/s and document above

Varicella complete Date _____ Initial _____

Boostrix (Diptheria/Tetanus/Pertussis)

Documented evidence of administration within the last 10 years. Date _____ Initial _____

TB Screening

Quantiferon Gold test result — Negative ☐ Positive ☐

If Positive Quantiferon Gold – GP referral to Respiratory Clinic

TB complete Date _____ Initial _____

MRSA Swabs required if the patient

has a previous history of MRSA colonisation

suffers from Hay Fever or Bronchiectasis

(When swabs are required, must have two taken from the nose, groin)

Swabs required:

No ☐ Date _____ Initial _____

Yes ☐ Date _____

Result _____

MRSA positive treatment completed Date _____ Initial _____

Skin Integrity: Lower arms and hands.
Health Practitioners Competence Assurance Act 2003, 45 Subsection (5)
Does the student have any current skin conditions, and/or past history of contact dermatitis eczema or psoriasis, that may not allow frequent contact with water, soap disinfectant and cleaning chemicals?

No ☐ Yes ☐ Initial _____

Covid-19 Vaccinations:

Primary Doses

Dose one: Date _____ Initial _____
Dose two: Date _____ Initial _____
Booster: Date _____ Initial _____

The GP/Health Professional hereby declares that all of the above information is correct.	
Name and MCNZ No. of the GP or Health Professional and NCNZ No. who is completing this declaration. Name: Number: Signature: Date:	Medical Practice name/address/stamp: