

Centre for Health and Social Practice

Immunisation Status 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 vaccinations from your medical records. If you do not have evidence of vaccinations, blood testing is required to ascertain your immunity. **If not immune, vaccination/treatment is required as District Health Boards will not accept unvaccinated students for clinical placements.** (Students must meet the costs of any screening, treatment or vaccinations required).

1. **Student** completes **only** ID, name and details
2. Present this form to your **GP or delegated health professional to complete and sign**
3. **Keep a hard copy and an electronic copy**
4. **Add completed form into the Midwifery Clinical Passport**

Wintec Student ID Number		
Full Name:		
Date of Birth:		
	(day)	(month)
		(year)

FOR GP or HEALTH PROFESSIONAL TO COMPLETE:

Wintec 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.

Please provide the following information for the above named midwifery student:

HEPATITIS B

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

IF NOT IMMUNE –

If previous full Hep B course of immunisation

1. administer booster
 Date _____ Initial _____
 Serology test results (3-4 weeks after 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 _____
 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 booster
 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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Student will

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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 _____

orDocumented administration of two doses of varicella vaccine 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 (Diphtheria/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 – Physical assessment by Doctor required, investigation: _____

TB complete

Date _____ Initial _____

MRSA Swabs required if the patient

Has a previous history of MRSA colonisation

Suffers from Hay Fever or Bronchiectasis

Swabs required:

No Date _____ Initial _____Yes Date _____

(When swabs are required, must have two taken, from the nose, groin and any open skin lesion/wound (e.g. infected fingernails) or active areas of psoriasis or eczema).

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 _____

The 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

Medical Practice name/address/stamp:

_____ # _____

Signature _____

Date _____

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Dec 2020