

Immunisation Documentation

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 may be required. (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 in Moodle 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 patient:

Hepatitis B

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

If not immune –

No previous Hep B vaccinations,

1. administer full Hep B vaccination

| | | | |
|--|----------------------|------------|---------------|
| | 1 st dose | Date _____ | Initial _____ |
| | 2 nd dose | Date _____ | Initial _____ |
| | 3 rd 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** administer 2nd full course

| | | | |
|--|----------------------|------------|---------------|
| | 1 st dose | Date _____ | Initial _____ |
| | 2 nd dose | Date _____ | Initial _____ |

Serology test results (3-4 weeks after completion) ... Immune **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** administer 2nd full course

| | | | |
|--|----------------------|------------|---------------|
| | 1 st dose | Date _____ | Initial _____ |
| | 2 nd dose | Date _____ | Initial _____ |
| | 3 rd dose | Date _____ | Initial _____ |

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

Hepatitis B screening complete Initial _____

Student will

| | |
|---|--|
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Tuberculin

Screening questions to be completed:

Within the last five years, has this person lived for a period of 6 months or longer in countries with a TB rate of ≥ 40 per 100,000?

Yes

No

Symptoms of night sweat and/or productive cough and blood in sputum

Yes

No

Previous investigations for TB

Yes

No

All answers No: no further screening required

Initial _____

Quantiferon gold test required if any of the above questions are answered yes

Quantiferon Gold test result

Negative

Positive

If **positive** Quantiferon Gold – Physical assessment by doctor required, investigation

findings: _____

Tuberculin screening complete

Initial _____

MMR

Documented dates of two MMR vaccinations

1st dose Date _____ Initial _____

2nd dose Date _____ Initial _____

OR

MEASLES (*not applicable if born before 1969*)

Laboratory evidence of immunity or laboratory confirmation of disease

Immune

Not immune

MUMPS

Laboratory evidence of immunity or laboratory confirmation of disease

Immune

Not immune

RUBELLA

Laboratory evidence of immunity or laboratory confirmation of disease

Immune

Not immune

If not immune administer vaccination/s and document above

MMR Complete

Initial _____

Varicella

Diagnosis or verification of a history of varicella zoster by a health professional

Date _____
Date _____ Initial _____

or

Documented administration of two doses of varicella vaccine

1st dose date _____ Initial _____

2nd dose Immune Not immune

or

Laboratory evidence of immunity or laboratory confirmation of disease

If not immune administer vaccination and document above

Varicella complete

Initial _____

Boostrix (Diphtheria/Tetanus/Pertussis)

Date _____ Initial _____

Documented evidence of administration within the last 10 years.

Student will

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MRSA swabs required if the student has a previous history of MRSA colonisation or suffers from Hay Fever or Bronchiectasis

Swabs required: Yes No

Date _____

Result _____

(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).

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

Date _____ Initial _____

The health professional hereby declares that all of the above information is correct.

| | |
|--|---|
| Name and MCNZ No of the GP or and Nurse NCNZ No who is completing this declaration _____ # _____ | Medical Practice name/address/stamp: _____ _____ _____ |
| Signature _____ | |
| Date _____ | |

Influenza (required during declared influenza season) **obtain an Additional Form** from CHASP

Wintec CHASP students will require evidence of an Annual Influenza Vaccination during the declared influenza season when undertaking clinical placement.

Students who decline or are unable to receive the influenza vaccination will be required to wear appropriate personal protective equipment (PPE) such as surgical or procedural face masks during a declared influenza season.

Student will

| | |
|---|--|
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