

Student Immunisation Checklist

HBPD Bachelor of Paramedicine

College of Sport, Health & Engineering

Student Details		
Student Name:	Student ID:	DOB:
<p>Instructions for Students</p> <p>It is mandatory for students to meet the immunisation requirements for engagement in clinical practice. If these are not met by the due date then students will not be permitted to undertake clinical placements which may result in their course progression being delayed. This form is in accordance with the Ambulance Victoria Pre-Placement Medical – Vaccination / Immunity Record.</p> <p>To minimise any unnecessary delays and additional costs to you, it is most important you take any past immunisation record(s) to the medical practitioner who will complete this form for you. You must arrange to obtain any required vaccinations or screening tests as soon as possible as it can take some time and multiple visits to the doctor to complete this form.</p>		
<p>Instructions for Medical Practitioner</p> <p>As per the Department of Health (Victoria), all persons enrolled in a health program are required to show proof of immunisation for the below listed vaccine-preventable illnesses.</p> <p>Please complete all sections of this form and sign below. If further vaccination is required, please allocate the next date if applicable. Once this form has been completed, please return it to the person for their records.</p>		

Disease	Immune	Not Immune/ Course Commenced	Vaccination Name Date & Dose No.
Diphtheria, Tetanus & Pertussis	<input type="checkbox"/> Confirmed by vaccination record or booster dose (within last 10 years)	<input type="checkbox"/> Vaccination administered	<input type="checkbox"/> Dose 1 Date: <input type="checkbox"/> Serology and Date:
Measles, Mumps & Rubella (MMR)	<input type="checkbox"/> Confirmed by serology <input type="checkbox"/> Confirmed by vaccination record	<input type="checkbox"/> Vaccination administered	<input type="checkbox"/> Dose 1 Date: <input type="checkbox"/> Dose 2 Date: <input type="checkbox"/> Serology and Date:
Varicella (Chickenpox)	<input type="checkbox"/> Confirmed by serology <input type="checkbox"/> Confirmed by vaccination record	<input type="checkbox"/> Vaccination administered	<input type="checkbox"/> Dose 1 Date: <input type="checkbox"/> Dose 2 Date: <input type="checkbox"/> Serology and Date:
Hep B Documented evidence of three doses of age appropriate Hepatitis B vaccine AND serology results confirming immunity.	<input type="checkbox"/> Confirmed by serology (Level above 10mIU/ml is acceptable) Date: <i>If deemed a non-responder a letter must be provided by your GP stating that you are able to attend placement safely.</i>	<input type="checkbox"/> Vaccination administered	<input type="checkbox"/> Dose 1 Date: <input type="checkbox"/> Dose 2 Date: <input type="checkbox"/> Dose 3 Date: <input type="checkbox"/> Serology (Level above 10mIU/ml is acceptable) Date: Booster (if recommended by Doctor) Date:

MEDICAL PRACTITIONER DECLARATION (This section MUST be completed by a Registered Medical Practitioner)
I declare that the requirements specified above have been assessed and actioned in accordance with the immunisation and screening status of the student named on the form. The student has been made aware of any vaccination or serology follow up in relation to completing the requirements of this form.

Name of Medical Practitioner/Provider Number:

Signature:	Date:
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Is further follow up required? Please insert details:

Practice Stamp:

STUDENT DECLARATION – By uploading this form to VU WIL you agree to the following:

- I am aware that as a paramedic student I am at risk of contracting a communicable disease through working in close contact with sick and vulnerable patients.
- I agree that I am responsible for all costs associated with complying with immunisation requirements.
- Students evidencing allergic responses to constituents of an immunisation must attach a Medical Certificate.
- I am aware that I am responsible for ensuring that boosters are given for any vaccinations as required.
- I am aware that KINNECT may be required to disclose my information, as applicable to: an independent medical examiner; Ambulance Victoria human resources divisions and relevant line manager for the position or placement that you are applying for the purposes of the position; an insurer in circumstances where an individual submit a worker's compensation claim.

Victoria University is collecting this information on this form to confirm the named student's eligibility for practical experience placement according to the Department of Health and Human Services and it will also provide this immunisation status information to placement sites, including hospitals and private medical offices if required. Victoria University manages personal information in accordance with the *Privacy and Data Protection Act 2014* (Vic) and the *Health Records Act* (Vic) 2001. The VU privacy policy may be viewed at <https://www.vu.edu.au/privacy>

VU is collecting the information on this form to confirm the named student's eligibility for clinical placement. It may also provide this information to placement venues, including hospitals and private medical offices.