

Immunisation Documentation

Students are required to have information about their immunity for clinical placement. Please present this form to your GP or delegated health professional who can provide you with 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. (Students must meet the costs of any screening, treatment or vaccinations required).

1. **Student** completes 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. **Bring your completed form** to "first day" to submit in Moodle dropbox

Wintec Student ID Number

Full Name:

Date of Birth:

Male / Female

(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

Positive ☐

Negative ☐

Hep B – antibody

Immune ☐

Not immune ☐

Immune – No further action required

(continue with vaccinations)

If not immune –

No previous Hep B vaccinations,

1. administer full Hep B vaccination

Serology test results (3-4 weeks after completion) Immune ☐

Not immune ☐

(continue with Booster)

2. **If not immune** administer **Booster**

Serology test results (3-4 weeks later) Immune ☐

Not immune ☐

(continue with 2nd full course)

3. **If not immune** administer 2nd full course

Serology test results (3-4 weeks after completion) ... Immune ☐

Not immune ☐

If previous full Hep B course of immunisation

1. administer booster

Serology test results (3-4 weeks after later) Immune ☐

Not immune ☐

(continue with 2nd full course)

2. **If not immune** administer 2nd full course

Serology test results (3-4 weeks later) Immune ☐

Not immune ☐

MMR

Documented dates of two MMR vaccinations

Dates _____/_____/_____

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

Varicella

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

Date _____

or

Documented administration of two doses of varicella vaccine Dates _____ / _____

or

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

If not immune administer vaccination and document above

Boostrix (Diphtheria/Tetanus/Pertussis)

Documented evidence of administration within the last 10 years.

Date: _____

Tuberculin

Mantoux or Quantiferon Gold test required if born in NZ and no previous BCG

Yes ☐

No ☐

If Mantoux administered, indicate the size in millimetres _____ mm Negative ☐ Positive ☐

Quantiferon gold test required if-

- Previous BCG Yes ☐ No ☐
- from an 'at risk' country Yes ☐ No ☐
- Symptoms of night sweat and/or productive cough and blood in sputum Yes ☐ No ☐
- Previous investigations for TB Yes ☐ No ☐

Quantiferon Gold test result Negative ☐ Positive ☐

If positive Mantoux – CXR

Chest x-ray result _____

or Quantiferon Gold required.

Negative ☐

Positive ☐

If Positive Quantiferon Gold- Physical assessment by Doctor required, investigation: _____

MRSA Swabs required if the patient

Has a previous history of MRSA colonisation

Swabs required: Yes ☐

No ☐

Suffers from Hay Fever or Bronchiectasis

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 _____

Skin Integrity: 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? Yes ☐ No ☐

Any open wounds on hands

Yes ☐

No ☐

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 _____

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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