

All students enrolled in a qualification at the Institute of Health and Nursing Australia (IHNA) must maintain current and up-to-date immunisations as a condition of enrolment and Professional Experience Placement (PEP) eligibility.

Please read the following information carefully:

- All students attending professional experience placement (PEP) are required to provide an up-to-date immunisation record to staff at their allocated placement venue before they can begin their clinical placement. In WA they must show proof of immunity (not just proof of immunisation) for all childhood and adult vaccinations.
- Failure to comply with the requirements may jeopardise completion of your studies. Students cannot undertake professional experience placement (PEP) until these clearance requirements are attended to. IHNA cannot be held responsible for unsuccessful course completion as a result of students not meeting the immunisation requirements of the Healthcare Facility.
- You must carry your proof of immunisation or vaccination with you at all times when on clinical placement.
- For students who were born overseas or have lived overseas in a high TB incidence country for more than 3 months, screening for Tuberculosis will also be required.
- All decisions regarding the appropriateness of an individual to undertake a placement is entirely up to the professional experience placement (PEP) venue and the Institute takes no responsibility for these decisions.
- As a condition of placement, students are required to review the information regarding the evidence required for vaccination and serology (blood tests) before completing and submitting all required documentation.
- You could also take this with you to your General Practitioner (GP) when requesting vaccination/ serology (blood tests) or documentation to ensure that they provide the correct documents required.
- Records of vaccinations and proof of immunity that were received from overseas must be in English (translations must be certified) and contain enough information about the vaccine (e.g. brand, active components, batch numbers, if available) and vaccination date to enable an assessor to determine if they fulfil the requirements.
- Please attach a copy of your immunisation records or evidence of immunity with this completed form.

Evidence required for vaccination / immunity

For each disease requiring evidence of vaccination provide at least ONE of the following:

1. Documentation on an Adult Vaccination Card (AVC) or immunisation card equivalent
2. Included in a statement from a GP Practice on the Practice letter head
3. Overseas / interstate vaccination documents

Information provided MUST include:

- Date
- Batch number
- Vaccine brand name
- Signature of immunisation provider
- Practice / provider stamp
- Or a combination of 3 of these details

Evidence of serology (blood tests / pathology)

For each disease requiring evidence of serology (blood tests), provide at least ONE of the following:

1. Pathology results on Pathology Service letter head
2. Included in a statement from a GP Practice on the Practice letter head (Written result including result value - signed by GP)

Student Name				Student Surname		
Date of Birth				Student Id		
Phone		Email			Sex	☐ Male ☐ Female

Infectious Disease	Acceptable evidence to demonstrate protection	Tick	Date Achieved
Diphtheria, Tetanus & Pertussis	One adult dose of diphtheria / tetanus / Pertussis vaccine (dTpa) NB: MUST have all three diseases covered. Evidence of vaccination within last 10 years required. e.g. ADT vaccine does not cover you for Pertussis and you will be required to have repeat vaccine with Adacel or Boostrix		
Measles, Mumps & Rubella	Vaccinations • 2 doses of MMR vaccine at least one month apart OR Serology • Positive IgG for measles • Positive IgG for mumps • Positive IgG for rubella		
Varicella	Vaccination • 2 doses of varicella vaccine at least one month apart. • Evidence of 1 dose is sufficient if the person was vaccinated before 14 years of age OR Serology • Positive for varicella		

Hepatitis B	Vaccination - Documented evidence of a completed, age appropriate course of hepatitis B vaccination i.e. (If vaccinated as an adult > = 20 yrs old – a total of 3 doses of 1mL adult formula at 0, 1 & 3-6 months) NB: In the absence of documented evidence of vaccination, 3 dose vaccination series should be administered. and Serology - This is required in addition to hepatitis B vaccination. (Aim is to have: Anti-HBs >= 10mU/mL) OR Documented evidence of anti-HBc, indicating past hepatitis B infection. (NB if anti-HBc positive (indicating past hepatitis B infection) additional investigation may be required).		Dose 1: Dose 2: Dose 3: ☐ Yes ☐ No ☐ Yes ☐ No
Tuberculosis (TB) <i>(not required for Certificate course students)</i>	Vaccination - BCG vaccination - Provide any available evidence of previous TB screening e.g. Tuberculin Skin Test (TST) or Mantoux test or a Gamma Interferon Test. - Assessed by a TB service? - Cleared by specialist? - Follow-up required? - Counselling organised?		☐ Positive ☐ Negative ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
MRSA clearance <i>(not required for Certificate course students)</i>	It is a requirement that all students have an MRSA clearance prior to commencing professional experience placements. NB: International Students attending professional experience placement (PEP) in Western Australia & ACT will need to conduct MRSA clearance in Australia also.		☐ Positive ☐ Negative
Influenza	Vaccination to be taken at least 2 weeks before the commencement of placement.		

COVID-19 Vaccine	3 vaccine doses must be taken before the commencement of placements.	1 st Dose: 2 nd Dose: 3 rd Dose:
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Medical Condition / Disability - History

1. Please indicate if you have a current medical condition/s. ☐ Yes ☐ No

2. Please indicate if you have a disability. If 'yes' to 1 or 2 above, please complete 3 and 4 ☐ Yes ☐ No

3. Please give details of medical condition / disability.

4. Do you use aids to assist you with your medical condition / disability? Please give details.

Note: All the students must complete and submit the medical history or disability report during the enrolment. You may be asked to undertake vaccination in Australia at your own cost.

Declaration:

I hereby declare that all the information provided in this questionnaire is correct and true and I acknowledge complete responsibility for such, whether written by me or by another person on my behalf.

Date		Signature	
Student Name			

Please return completed form with attached documents one week prior to commencement of your course to:

Queensland	Victoria		Western Australia	New South Wales
Brisbane	Melbourne CBD	Melbourne Heidelberg	Perth CBD	Sydney
Level 3, 59, Adelaide Street, Brisbane, QLD – 4000	Level 4 and 10, 399 Lonsdale Street, Melbourne, VIC - 3000, Australia	597-599 Upper Heidelberg Road, Heidelberg Heights, VIC 3081, Australia	Level 2 and 4, 12 St Georges Terrace, Perth, WA – 6000, Australia	Level 7, 33 Argyle Street, Parramatta, NSW 2150, Australia
Phone: +61 7 3123 4000	Phone: +61 3 9450 5100	Phone: +61 3 9450 5100	Phone: +61 8 6212 8200	Phone: +61 2 8228 6400

To be completed by a General Practitioner (GP) /Nurse Practitioner			
Student Immunisation Declaration Form completed and required evidence received:			☐ Yes ☐ No
Name			
Date		Signature	