

Student Immunisation Checklist

HBPB Bachelor of Paramedicine College of Health & Biomedicine

Student Instructions:

1. Complete this form if you have not completed AV Vaccination / Immunity Record
2. Ensure this form is completed by Medical Practitioner and then upload it to VU WIL
3. Email this form and all evidence to ppm@injury.net.com.au at least THREE business days prior to your InjuryNET medical / physical examination.

Please label your evidence using the numbering system below and ensure that your name is clearly noted on each page. Statutory declarations are not acceptable.

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.

Student details

First name:	Surname:
Student ID:	Date of Birth:

Section A: Mandatory Requirements

1. Hepatitis B Attach documented evidence of at least 3 vaccinations (at least 2 doses required for placement) AND Attach copy of results of immune status (blood test)	History of 3 vaccinations with Immunity confirmed by serology Date of Dose 1: <input type="text"/> Date of Dose 2: <input type="text"/> Date of Dose 3: <input type="text"/> Date of serology result: <input type="text"/>
2. MMR (Measles /Mumps/Rubella) Were you born in Australia before 1966? If YES, no evidence required If NO, Attach results of blood test demonstrating immunity to Measles, Mumps and Rubella (all 3)	History of 2 vaccinations or Confirmed Immunity Date of Dose 1: <input type="text"/> Date of Dose 2: <input type="text"/> or Serology Results Measles <input type="text"/> Mumps <input type="text"/> Rubella <input type="text"/>
3. Pertussis Attach documented evidence of your most recent booster of Pertussis containing vaccine during adulthood (max. 10 years)	Evidence of DTPa (Pertussis) immunisation Date of Vaccination: <input type="text"/> <small>ADT vaccination is not acceptable as it does not provide the Pertussis protection</small>
4. Varicella (Chicken Pox) Attach documented evidence of 2 doses of Varicella vaccine OR Attach results of blood test demonstrating immunity to Varicella	History of 2 vaccinations or Confirmed Immunity Date of Dose 1: <input type="text"/> Date of Dose 2: <input type="text"/> or Date of serology result: <input type="text"/>

Section B: Recommended

5. Hepatitis A <i>Recommended</i>	Completed course – Attach proof of completion of Hepatitis A vaccine
6. Meningococcal <i>Recommended</i>	Completed course – Attach proof of completion of Meningococcal vaccine
7. Influenza <i>Recommended</i>	<input type="checkbox"/> Attach proof of completion of most recent year's Influenza vaccine or <input type="checkbox"/> Details of Medical Practitioner/authorised vaccination administrator (i.e. Nurse vaccinator) Date: <input style="width: 100px;" type="text"/> Signature: <input style="width: 150px;" type="text"/>
8. Tetanus <i>Recommended</i>	Attach proof of most recent booster

Medical Practitioner Declaration

Student has completed all the immunisation requirements as above.

or

Student has commenced the immunisation requirements and requires **additional action**

Additional action required/additional immunisations required:

Date: Signature: 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 InjuryNET 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.
- Need Help?**
 If you have any queries or require assistance with arranging serology blood tests, please contact InjuryNET via ppm@injury.net.au as your application cannot progress if the information is inadequate. InjuryNET's Privacy Statement is available at www.injury.net.au/privacy.