
DOCUMENT TITLE: STUDENT PLACEMENT FOR TERTIARY STUDENTS**DOCUMENT NUMBER: 042s**

IMPORTANT INFORMATION FOR STUDENTS SEEKING CLINICAL PLACEMENT WITHIN FAR WEST LOCAL HEALTH NETWORK & WESTERN NSW LOCAL HEALTH NETWORK

Dear Student,

In accordance with NSW Health PD2011_005 “Occupational Assessment, Screening & Vaccination Against Specific Infectious Diseases”, Far West Local Health Network & Western NSW Local Health Network (LHN) is required to sight evidence that your immunisation status meets the requirements outlined in PD2011_005 prior to permitting you to undertake clinical placement in any Far West or Western NSW LHN facility or undertake placement with a Private Medical Practice with visiting rights to Far West or Western NSW LHN.

All students on clinical placements are classified as Category A are required to provide evidence of their immunisations which are out lined on pages 5 & 6, they need to complete Form 2 – Tuberculosis (TB) Assessment Tool and Form 3 – Student undertaking/declaration and submit them to the Risk Management Unit when requesting a Certificate of Compliance.

As obtaining protection against some of these diseases may take several months, it is strongly recommended you start investigating your current status and take the necessary steps to attain the required status and evidence immediately, as acceptance for placement will depend upon full compliance with PD2011_005.

If you are intending to attend clinical placement with Far West or Western NSW LHN, please submit your evidence to the Risk Management Unit for assessment at the commencement of your 1st year of studies or at **least 8 weeks prior** to your placement. The Risk Management Unit will assess your evidence and will provide you with a **Certificate of Compliance**, or contact you by email (preferred) with a letter with recommendations on how you can become compliant with Policy PD2011_005.

When providing your evidence to the Risk Management Unit it is preferred that you:

- email all documentation to gwahsstaffhealth@gwahs.health.nsw.gov.au or fax to (02) 6362 9528. Make sure to include the attached cover sheet and provide as much detail as possible to enable the Risk Management Unit to contact you.
- If mailing your evidence ensure you send photocopies (not originals) and please allow longer for paperwork to arrive. Ensure you include the attached cover sheet.

If your evidence is sent by fax or mail please include an email address to ensure the Risk Management Unit can confirm your paperwork has been received.

Your Certificate of Compliance, once received, must be shown to your placement supervisor at the relevant Far West or Western NSW LHN facility upon your arrival; **you will not be permitted to commence your placement without a Certificate of Compliance** (presentation of your vaccination evidence at placement is not acceptable). Please retain your Certificate of Compliance, as you will need to present it at any subsequent placements with Far West or Western NSW LHN for the duration of your course.

It is suggested you also take the time to visit:

www.health.nsw.gov.au/publichealth/immunisation/ohs/ to find further information on NSW Health immunisation requirements, including fact sheets on diseases included in Category A, a section on Frequently Asked Questions, a copy of NSW Health PD 2011_005, and a number of useful links.

If you require any further information please refer to NSW Health PD2011_005 or contact your Educational Institution Co-Ordinator.

Checklist of Information Required to be Sent

You will need to complete and send the following forms to the Risk Management Unit at gwahsstaffhealth@gwahs.health.nsw.gov.au or Fax: 02 6362 9528

- Coversheet – Page 3
- All Vaccination & Serology Evidence as outlined on Page 6
- Form 2 – Tuberculosis (TB) Assessment Tool – Page 11
- Form 3 – Student Undertaking/Declaration – Page 12

Please make sure you keep a copy of you Immunisation and Serology Evidence for future References and Employment Purposes.

Far West Local Health Network & Western NSW Local Health Network
Locked Bag 6008
"Parkview" Bloomfield Hospital
Orange NSW 2800
FAX: (02) 6362 9528
gwahsstaffhealth@gwahs.health.nsw.gov.au

COVER SHEET FOR IMMUNISATION DETAILS

Please find attached evidence of immunisation status of:

Name		Date of Birth	/ /
Address			
Educational Institution / School		Facility	
Course		Year of Study	

Who will be undertaking placement at:

_____ (Far West or Western NSW
LHN facility)

from ___ / ___ / ____ to ___ / ___ / ____

Further contact information for myself:

Telephone		Mobile	
Fax			
Email			

Yours faithfully

(signature)

INFORMATION SHEETS & ESSENTIAL FORMS

	Title	Audience
<i>Information Sheet 1</i>	<i>Risk categorisation guidelines</i>	✓ <i>All persons</i>
<i>Information Sheet 2</i>	<i>Checklist: Evidence required from Category A applicants</i>	✓ <i>All persons</i>
<i>Information Sheet 3</i>	<i>Specified infectious diseases – risks, consequences of exposure and protective measures</i>	✓ <i>All persons</i>
<i>Information Sheet 4</i>	<i>Important requirements for students undertaking placements within NSW Health facilities</i>	✓ <i>Students</i>
<i>Form 2</i>	<i>Tuberculosis (TB) assessment tool</i>	✓ <i>All persons</i>
<i>Form 3</i>	<i>Student undertaking/ declaration</i>	✓ <i>Students</i>

INFORMATION SHEET 1. – Risk Categorisation Guidelines

Category A

Protection against the specified infectious diseases is required

Direct physical contact with:

- patients/clients
- deceased persons, body parts
- blood, body substances, infectious material or surfaces or equipment that might contain these (eg soiled linen, surgical equipment, syringes)

Contact that would allow the acquisition or transmission of diseases that are spread by **respiratory means**.

Includes persons:

- whose work requires frequent/prolonged face-to-face contact with patients or clients eg interviewing or counselling individual clients or small groups; performing reception duties in an emergency/outpatients department;
- whose normal work location is in a clinical area such as a ward, emergency department, outpatient clinic (including, for example, ward clerks and patient transport officers); or
- who frequently throughout their working week are required to attend clinical areas, eg food services staff who deliver meals.

All persons working with the following high risk client groups or in the following high risk clinical areas are automatically considered to be **Category A**, regardless of duties.

High risk client groups

- Children less than 2 years of age including neonates and premature infants
- Pregnant women
- Immunocompromised clients

High risk clinical areas

- Ante-natal, peri-natal and post-natal areas including labour wards and recovery rooms
- Neonatal Intensive Care Units and Special Care Units
- Paediatric wards
- Transplant and oncology wards
- Intensive Care Units
- Emergency Departments
- Operating theatres, and recovery rooms treating restricted client groups
- Ambulance and paramedic care services
- Laboratories

**All health care students are
Category A**

INFORMATION SHEET 2. – Checklist: Evidence required from Category A applicants

Evidence required to demonstrate protection against the specified infectious diseases

1. Acceptable evidence of protection against specified infectious diseases includes:
 - a written record of vaccination signed by the medical practitioner, and/or
 - serological confirmation of protection, and/or
 - other evidence, as specified in the table below.
 - **NB:** the health facility may require further evidence of protection, eg serology, if the vaccination record does not contain vaccine brand and batch or official certification from vaccination provider (eg clinic/practice stamp)
2. **TST screening is required if the person was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at:**
<http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T>.
3. In certain specialised clinical settings, for example, in transplant, oncology or neonatal wards, the health facility may require serological evidence of protection (in addition to evidence of vaccination or other evidence) to ensure that the risk to vulnerable patients is minimised.

Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence
<i>Diphtheria, tetanus, pertussis (whooping cough)</i>	<input type="checkbox"/> One <u>adult</u> dose of diphtheria/ tetanus/ pertussis vaccine (dTpa). Not ADT.	Serology will not be accepted	Not applicable
<i>Hepatitis B</i>	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine. Not “accelerated” course.	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL	<input type="checkbox"/> Documented evidence of anti-HBc, indicating past hepatitis B infection
<i>Measles, mumps, rubella (MMR)</i>	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart	<input type="checkbox"/> Positive IgG for measles, mumps and rubella	<input type="checkbox"/> Birth date before 1966
<i>Varicella (chickenpox)</i>	<input type="checkbox"/> 2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age)	<input type="checkbox"/> Positive IgG for varicella	<input type="checkbox"/> History of chickenpox or physician-diagnosed shingles (serotest if uncertain)
<i>Tuberculosis (TB)</i>	Not applicable	Not applicable	<input type="checkbox"/> Tuberculin skin test (TST)
<i>See note 2 above for list of persons requiring TST screening</i>		Note: interferon-gamma release immunoassay (IGRA) is not generally accepted. In the event that an IGRA has been performed, screening by TST will be required if the IGRA result is negative or equivocal. Persons with positive TST/IGRA must be fully assessed by a TB service within 3 months of commencement of clinical duties or clinical placement and must be asymptomatic when commencing clinical duties or clinical placement.	
<i>Influenza</i>	Annual influenza vaccination is not a requirement, but is strongly recommended		

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Vaccinations	Acceptable evidence	Documentation Requirements
Hepatitis B	<p>Serology indicating immunity to Hepatitis B, i.e. Hepatitis B antibody level >10mL/mIU.</p> <p><i>(Non responders need to provide evidence of being a non responder as per NHMRC Australian Immunisation Handbook)</i></p>	<p>Record of vaccinations including: date, type / brand of vaccine, batch numbers of vaccines and signature of provider / designation / official stamp and</p> <p>Documentation of Numerical antibody level and signature of provider / designation / official stamp or</p> <p>Photocopy of original pathology report indicating immunity.</p>
Diphtheria / Tetanus / Pertussis	<p>One documented dose of adult 'dTpa' vaccine.</p> <p>Please note: Serology is not acceptable and an 'ADT' vaccination is not acceptable.</p>	<p>Record of vaccination including: date, type / brand of vaccine, batch number, signature of provider / designation / official stamp.</p>
Measles	<p>Birth date before 1966; or documented evidence of 2 doses of MMR vaccine at least 1 month apart; or Documented evidence of positive IgG for Measles.</p>	<p>Record of 2 x MMR vaccinations including date, type / brand of vaccine, batch number, signature of provider / designation / official stamp; or Photocopy of original pathology report indicating immunity; or Documented record of immunity to this disease and signature of provider / designation / official stamp.</p>
Mumps	<p>Birth date before 1966; or documented evidence of 2 doses of MMR vaccine at least 1 month apart; or Documented evidence of positive IgG for Mumps.</p>	<p>Record of 2 X MMR vaccinations including: date, type / brand of vaccine, batch number, signature of provider / designation / official stamp; or Photocopy of original pathology report indicating immunity; or Documented record of immunity to this disease and signature of provider / designation / official stamp.</p>
Rubella	<p>Birth date before 1966; or documented evidence of 2 doses of MMR vaccine at least 1 month apart; or Documented evidence of positive IgG for Rubella.</p>	<p>Record of 2 X MMR vaccinations including date, type / brand of vaccine, batch number, signature of provider / designation / official stamp; or Photocopy of original pathology report indicating immunity; or Documented record of immunity to this disease and signature of provider / designation / official stamp.</p>
Varicella (Chicken Pox / Shingles)	<p>History of Chicken Pox; or documentation of physician diagnosed Shingles; or documented evidence of a positive IgG; or Documented evidence of age appropriate Varicella vaccination.</p>	<p>Documentation of having had this infection in the past; or 2 X vaccinations including date, type / brand of vaccine, batch number, signature of provider / designation / official stamp; or Photocopy of original pathology report indicating immunity; or Documented record immunity to this disease and signature of provider / designation / official stamp</p>
TB Assessment Tuberculosis Skin Test (TST / Mantoux)	<p>Documentation of having had a recent TB Assessment by an accredited provider against NSW Health Interim criteria for TB 2009 as Requiring or NOT Requiring a Tuberculin Skin Test (TST/ Mantoux) or If Tuberculin Skin Test is required evidence of screening within the last 5 years and/or post trip to TB endemic country is required.</p> <p>If TST is Positive, copy of Chest X-ray report attended after TST</p>	<p>Documentation of a TB Assessment as NOT requiring a tuberculin skin test and signature of provider / designation / official stamp; or</p> <p>Documentation of recent negative TST (Mantoux) and signature of provider / designation / official stamp; or</p> <p>Documentation of positive TST screening (Mantoux) and documentation of a Chest X-ray report attended after the positive TST.</p> <p>Please complete - FORM 2. – Tuberculosis (TB) assessment tool attached and return with vaccination evidence</p>

INFORMATION SHEET 3. – Specified infectious diseases: risks, consequences of exposure and protective measures

The following table provides a brief description of the infectious diseases specified in this policy directive and links to further information, including risks of infection, consequences of infection and, where relevant, management in the event of exposure.

Fact sheets on each of the listed diseases are available in an A-Z list on the NSW Health website at: <http://www.health.nsw.gov.au/factsheets/infectious/index.asp>

The *Australian Immunisation Handbook (current edition)* is available online at: <http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home>

Hepatitis B (HBV)	Blood-borne viral disease. Can lead to a range of diseases including chronic hepatitis B infection, cirrhosis and liver cancer. Anyone not immune through vaccination or previous infection is at risk of infection via blood or other body fluids entering through broken skin, mucous membrane, injection/needlestick, unprotected sex or from HBV positive mother to child during birth. Specific at risk groups include: health care workers, sex partners of infected people, injecting drug users, haemodialysis patients. Management in the event of exposure: see http://www.health.nsw.gov.au/factsheets/guideline/hepb.html .
Diphtheria	Contagious, potentially life-threatening bacterial infection, now rare in Australia because of immunisation. Spread via respiratory droplets and discharges from the nose, mouth or skin. Infectious for up to 4 weeks from onset of symptoms. Anyone not immune through vaccination or previous infection is at risk. Diphtheria toxin (produced by the bacteria) can cause inflammation of the heart muscle, leading to death. Management in the event of exposure: see http://www.health.nsw.gov.au/factsheets/guideline/diphtheria.html .
Tetanus	Infection from a bacterium usually found in soil, dust and animal faeces. Toxin from the bacterium can attack the nervous system. Although the disease is now fairly uncommon, it can be fatal. Not spread from person to person. Generally occurs through injury. Neonatal tetanus can occur in babies of inadequately immunised mothers. Mostly older adults who were never adequately immunised. Management in the event of exposure: see http://www.health.nsw.gov.au/factsheets/guideline/tetanus.html .
Pertussis (Whooping cough)	Highly infectious bacterial infection, spread by respiratory droplets through coughing or sneezing. Cough that persists for more than 3 weeks and, in children, may be accompanied by paroxysms, resulting in a “whoop” sound or vomiting. Anyone not immune through vaccination is at risk of infection and/or transmission. Can be fatal, especially in babies under 12 months of age. Management in the event of exposure: see http://www.health.nsw.gov.au/factsheets/guideline/pertussis.html .

<p>Measles</p>	<p>Highly infectious viral disease, spread by respiratory droplets - infectious before symptoms appear and for several days afterwards. Serious complications such as ear infection, pneumonia, or encephalitis can occur in up to 1/3 of cases. At risk are persons born during or after 1966 who haven't had 2 doses of MMR vaccine, babies under 12 months of age, before they have had a 1st dose and children over 4 years of age who have not had a 2nd dose. Management in the event of exposure: see http://www.health.nsw.gov.au/factsheets/guideline/measles.html.</p>
<p>Mumps</p>	<p>Viral disease, spread by respiratory droplets. Now relatively uncommon in Australia because of immunisation. Anyone not immune through vaccination or previous infection is at risk. Persons who have the infection after puberty can have serious complications, eg swelling of testes or ovaries; encephalitis or meningitis may occur rarely. Management in the event of exposure: see http://www.health.nsw.gov.au/factsheets/guideline/mumps.html.</p>
<p>Rubella (German Measles)</p>	<p>Viral disease, spread by respiratory droplets and direct contact. Infectious before symptoms appear and for several days afterwards. Anyone not immune through vaccination or previous infection is at risk. In early pregnancy, can cause birth defects or miscarriage. Management in the event of exposure: see http://www.health.nsw.gov.au/factsheets/guideline/rubella.html.</p>
<p>Varicella (Chicken pox)</p>	<p>Viral disease, relatively minor in children, but can be severe in adults and immunosuppressed persons, leading to pneumonia or inflammation of the brain. In pregnancy, can cause foetal malformations. Early in the infection, varicella can be spread through coughing and respiratory droplets; later in the infection, it is spread through contact with fluid in the blisters. Anyone not immune through vaccination or previous infection is at risk. Management in the event of exposure: see http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-varicella.</p>
<p>Tuberculosis (TB)</p>	<p>A bacterial infection that can attack any part of the body, but the lungs are the most common site. Spread via respiratory droplets when an infected person sneezes, coughs or speaks. At risk are those who spend time with a person with TB infection of the lung or respiratory tract or anyone who was born in, or has lived or travelled for more than 3 months in, a high TB incidence country. Management in the event of exposure: see http://www.health.nsw.gov.au/factsheets/guideline/tuberculosis.html.</p>
<p>Seasonal influenza (Flu)</p>	<p>Viral infection, with the virus regularly changing. Mainly affects the lungs, but can affect the heart or other body systems, particularly in people with other health problems, leading to pneumonia and/or heart failure. Spread via respiratory droplets when an infected person sneezes or coughs, or through touch, eg handshake. Spreads most easily in confined and crowded spaces. Anyone not immune through annual vaccination is at risk, but the elderly and small children are at most risk of infection. Management in the event of exposure: see http://www.health.nsw.gov.au/factsheets/guideline/influenza.html.</p>

INFORMATION SHEET 4. – Important requirements for students in relation to assessment, screening and vaccination

Dear Student

Transmission of vaccine preventable diseases in healthcare settings has the potential to cause serious illness and avoidable deaths in patients, staff, students and other users of the health system as well as others in the community. NSW Health's policy directive on *Occupational assessment, screening and vaccination against specified infectious diseases* requires all facilities in the NSW public health system to ensure that existing staff, new recruits, students and other clinical personnel are assessed, screened and vaccinated against the infectious diseases specified in the policy directive.

A number of information sheets and forms have been developed to help you to understand and comply with the requirements of this policy. These sheets are provided as a guide. Further information is available in the full policy.

Information Sheet 1.	Risk Categorisation Guidelines
Information Sheet 2.	Checklist: Evidence Required from Category A Applicants
Information Sheet 3.	Specified Infectious Diseases – Risks, Consequences of Exposure and Protective Measures
Form 2.	Tuberculosis (TB) Screening Assessment Tool
Form 3.	Student Undertaking/Declaration

You are advised to take these Information Sheets with you, along with your *Health Care Worker/Student Vaccination Record Card**, when you consult your local doctor for vaccination(s). You are also advised to undertake all vaccinations and screening (if required) as soon as possible, as fulfilling some of these requirements may take several months to complete. (*Copies available from the Better Health Centre Publications Warehouse on Telephone: (02) 9887 5450 or Fax: (02) 9887 5452.)

All students must complete each part of *Form 2: Tuberculosis (TB) Screening Assessment Tool* and *Form 3: Student Undertaking/Declaration Form* and return these forms to their educational institution's clinical placement coordinator as soon as possible after enrolment.

(Parent/guardian to sign if student is under 18 years of age.) Students will not be permitted to attend clinical placement if they have not submitted *Form 2* and *Form 3*. Your educational institution will forward a copy of these forms to the health service for assessment.

Failure to complete the requirements of the policy directive within the specified timeframes will result in suspension from attending clinical placements in the NSW Health system and may jeopardise your course of study.

Further information can be obtained from www.health.nsw.gov.au/publichealth/immunisation/ohs/.

If you have any queries about the above requirements, you should, in the first instance, speak to your course coordinator.

FORM 2. – Tuberculosis (TB) assessment tool

- A New Recruit/Student will require TST screening if he/she was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: <http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T>.
- The **Health Service** will assess this form and decide whether clinical review/testing for TB is required. Indicate if you would prefer to provide this information in private consultation with a clinician.
- **New recruits** will not be permitted to commence duties if they have not submitted this *Form* and *Form 1: New Recruit Undertaking/Declaration* to the employing health facility. Failure to complete outstanding TB requirements within the appropriate timeframe(s) may affect the new recruit's employment status
- **Students** will not be permitted to attend clinical placements if they have not submitted this *Form* and the *Form 3: Student Undertaking/Declaration* to their educational institution's clinical placement coordinator as soon as possible after enrolment. Failure to complete outstanding TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements. **The educational institution** will forward the original or a copy of these forms to the health service for assessment.

<p><u>Clinical History</u></p> <p>Cough for longer than 2 weeks Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Please provide information below if you have any of the following symptoms:</i></p> <p>Haemoptysis (coughing blood) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Fevers / Chills / Temperatures Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Night Sweats Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Fatigue / Weakness Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Anorexia (loss of appetite) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Unexplained Weight Loss Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><u>Assessment of risk of TB infection</u></p> <p>Were you born outside Australia? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, where were you born? </p> <p>Have you lived or travelled overseas? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Country</td> <td style="width: 50%; border: none;">Amount of time lived/ travelled in country</td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none;">.....</td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none;">.....</td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none;">.....</td> </tr> </table>	Country	Amount of time lived/ travelled in country
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<p><i>Have you ever had:</i></p> <p>Contact with a person known to have TB?</p> <p>If yes, provide details below Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><i>Have you ever had:</i></p> <p>TB Screening Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide details below and attach documentation</p>
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If you answered **YES** to any of the questions above, please provide details (attach extra pages if required).

I declare that the information I have provided is correct

Name _____

Phone or Email _____

Student ID (or date of birth) _____

Educational institution (student) _____

Health Service/Facility (new recruit) _____

Signature _____ Date _____

FORM 3. – Student Undertaking/Declaration

All students must complete each part of this *Form 3: Student Undertaking/Declaration Form* and the *Form 2: Tuberculosis (TB) Screening Assessment Tool* and return these forms to their educational institution's clinical placement coordinator as soon as possible after enrolment. (Parent/guardian to sign if student is under 18 years of age.)

Students will not be permitted to attend clinical placements if they have not submitted *Form 3: Student Undertaking/Declaration Form* and *Form 2: Tuberculosis Assessment Tool*.

Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements and may jeopardise the student's course of study.

The educational institution will:

- ensure that all students whom they refer to a health service for clinical placement have submitted these forms, and
- forward the original or a copy of these forms to the health service for assessment.

The health service will:

- assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

Part 1 I have read and understand the requirements of the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive.

Part 2 I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements.

OR

I undertake to participate in the assessment, screening and vaccination process, however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.

Part 3 I have evidence of protection for: pertussis diphtheria tetanus
 varicella measles mumps rubella

Part 4 I have evidence of protection for hepatitis B.

OR

I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in the *Australian Immunisation Handbook*, current edition) and provide a post-vaccination serology result within six months of commencement of enrolment.

Part 5 I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer *Information Sheet 3: Specified Infectious Diseases: Risks, consequences of exposure and protective measures*) and agree to comply with the protective measures required by the health service.

I declare that the information I have provided is correct

Name _____

Phone or Email _____

Date of Birth or Student ID _____

Educational institution _____

Signature _____ Date _____