



## School of Nursing and Midwifery Vaccination & Blood Test Checklist

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Disease	Immune	Not Immune/Course commenced	Vaccination Name Date & Dose No.
<b>Diphtheria, Tetanus &amp; Pertussis</b>	<input type="checkbox"/> Confirmed by vaccination record of booster dose <i>(within last 10 yrs)</i>	<input type="checkbox"/> Vaccination administered	Date: _____ Int: _____
<b>Polio</b>	<input type="checkbox"/> Confirmed by history of 3 vaccinations or booster dose	<input type="checkbox"/> Vaccination administered	Date: _____ Int: _____
<b>Measles, Mumps, Rubella</b>	<input type="checkbox"/> Confirmed by serology <input type="checkbox"/> Confirmed by vaccination record	<input type="checkbox"/> Vaccination administered	1) Date: _____ Int: _____ 2) Date: _____ Int: _____
<b>Chickenpox (Varicella Zoster)</b>	<input type="checkbox"/> Confirmed by serology <input type="checkbox"/> Confirmed by vaccination record	<input type="checkbox"/> Vaccination administered	1) Date: _____ Int: _____ 2) Date: _____ Int: _____
<b>Hepatitis A</b>	<input type="checkbox"/> Confirmed by serology <input type="checkbox"/> Confirmed by vaccination record	<input type="checkbox"/> Vaccination administered	1) Date: _____ Int: _____ 2) Date: _____ Int: _____
<b>Hepatitis B</b>	<input type="checkbox"/> Confirmed by serology by Hep BsAb  Date: _____ ( _____ mIU/mL) Level above 10mIU/ml is acceptable <i>If deemed a non-responder a letter must be provided by your GP stating you are able to attend placement safely.</i>	<input type="checkbox"/> Vaccination administered	1) Date: _____ Int: _____ 2) Date: _____ Int: _____ 3) Date: _____ Int: _____ <b>Booster</b> 4) Date: _____ Int: _____
<b>Combined Hepatitis A&amp; B</b>	<input type="checkbox"/> Confirmed by serology ( <i>Hep B only</i> )  Date: _____ ( _____ mIU/mL)	<input type="checkbox"/> Vaccination administered	1) Date: _____ Int: _____ 2) Date: _____ Int: _____ 3) Date: _____ Int: _____
<b>COVID 19</b>	<input type="checkbox"/> Confirmed by vaccination record  <b>Name of Vaccine:</b> _____ <b>Name of Booster:</b> _____	<input type="checkbox"/> Vaccination administered  <b>Name of Vaccine:</b> _____ <b>Name of Booster:</b> _____	1) Date: _____ Int: _____ 2) Date: _____ Int: _____ <b>Booster</b> 3) Date: _____ Int: _____
<b>Blood Borne Viruses (Hepatitis B, Hepatitis C &amp; HIV)</b>	<input type="checkbox"/> Serology tested <i>Results do not need to be provided (refer items 24-27 of 2021 Clinical Placement Rules and Responsibilities – Requirements).</i>  <i>Students with a BBV must comply with the 'Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers Who Perform Exposure Prone Procedures At Risk of Exposure to Blood Borne Viruses'. Communicable Diseases Network Australia. Accessed 15/10/2020 from <a href="https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm">https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm</a></i>		Date: _____ Int: _____
	<b>Bachelor of Midwifery &amp; Graduate Diploma of Midwifery Students ONLY:</b> This student meets the criteria to undertake Exposure Prone Procedures in compliance with the 'Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers Who Perform Exposure Prone Procedures At Risk of Exposure to Blood Borne Viruses'. <input type="checkbox"/> Yes <input type="checkbox"/> No		Date: _____ Int: _____
<b>Tuberculosis</b>	Mantoux Skin Test      Date: _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative  Quantiferon Gold TB Test      Date: _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Further action required    Yes <input type="checkbox"/> No <input type="checkbox"/> If YES please state action taken:  <b>If you have tested positive for TB, a letter must be provided by your GP stating you are not infectious and can attend placements safely.</b>	

Doctor/Nurse Immuniser Signature: \_\_\_\_\_ Provider No: \_\_\_\_\_ Date: \_\_\_\_\_

Deakin University is collecting the information on this form to confirm the named student's eligibility for practical placement. It will also provide this information to placement sites, including hospitals and private medical offices. Deakin University manages personal information in accordance with the *Privacy and Data Protection Act 2014 (Vic)* and the *Health Records Act (Vic) 2001*. Deakin's privacy policy may be viewed at <http://theguide.deakin.edu.au/> and questions may be directed to [privacy@deakin.edu.au](mailto:privacy@deakin.edu.au)



## School of Nursing and Midwifery – Vaccination Requirements instructions

Take the Vaccination and Blood Test Checklist to the Deakin Medical Centre or your GP for completion.

If you attend the Deakin University Medical Centre you will require an initial doctor's appointment for review & to organise pathology. The nurses are then able to complete your required vaccinations once the pathology is available. There is a cost for the vaccines, but the consultations are covered under Medicare or your Overseas Student Health Card. Alternatively, you may prefer to go to your own medical doctor.

Ensure that all requirements on the form are completed and signed at the bottom of the checklist.

You need to obtain **ALL** previous vaccination records including childhood, schooling and travel vaccinations **PRIOR** to your GP or nurse appointment.

If you do not have all your immunisation records you should make an appointment with a GP and ask to have all blood tests undertaken to determine your immunity status. When this is determined the GP or nurse should set an immunisation schedule for you. There may be costs involved in blood testing and vaccinations.