

# College of Health and Biomedicine

## Bachelor of Paramedicine (HBPD)

### 2019 STUDENT IMMUNISATION CHECKLIST

This form is in accordance with the Ambulance Victoria Pre-Placement Medical - Vaccination / Immunity Record and once all requirements have been met, enables the student to attend non-emergency placement for HFB1112 Paramedic Clinical Practice 1 in Semester 1.

#### Instructions for students:

1. Ensure this form is completed and signed by a Medical Practitioner / Registered Nurse.
2. **Upload the completed Immunisation Checklist to VU WIL** (wil.vu.edu.au) by the due date as specified in the Clinical Placement Policy.
3. Email this form and all evidence to [ppm@injury.net.au](mailto:ppm@injury.net.au) at least 3 business days prior to your InjuryNET medical and physical examination. If you have any queries about your documents or require assistance with arranging serology blood tests, please contact InjuryNET (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](http://www.injury.net.au/privacy).
4. Label your evidence using the numbering system below and ensure that your name is clearly noted on each page. Statutory declarations are not acceptable.

NOTE: It is a mandatory requirement for each student to meet the immunisation requirements for engagement in professional practice. If these are not met by the due date then students will not be permitted to undertake clinical placements which may result course progression being delayed.

#### STUDENT DETAILS

Student ID	First Name:	Surname:	Date of Birth:

#### SECTION A: MANDATORY REQUIREMENTS

##### 1. HEPATITIS B

Attach documented evidence of at least 3 vaccinations

AND

Attach copy of results of immune status (blood test)

History of 3 vaccinations **with** Immunity confirmed by serology

Date of Dose 1: \_\_\_\_\_

Date of Dose 2: \_\_\_\_\_

Date of Dose 3: \_\_\_\_\_

Date of serology result: \_\_\_\_\_

##### 2. MMR

##### (MEASLES/MUMPS/RUBELLA)

##### A)

Were you born in Australia before 1966? If YES (no evidence required).

If NO,

Attach documented evidence of 2 doses of Measles/Mumps/

Rubella vaccination OR

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: \_\_\_\_\_

Date of Dose 2: \_\_\_\_\_

##### **OR**

##### Serology Results

Measles Dated: \_\_\_\_\_

Mumps Dated: \_\_\_\_\_

Rubella Dated: \_\_\_\_\_

##### 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: \_\_\_\_\_

\*\*ADT vaccination is not acceptable as it does not provide the Pertussis protection

##### 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: \_\_\_\_\_

Date of Dose 2: \_\_\_\_\_

##### **OR**

Date of serology result: \_\_\_\_\_

## SECTION B: RECOMMENDED

### 5. HEPATITIS A

*Recommended*

Completed course – Attach proof of completion of Hepatitis A vaccine

### 6. MENINGOCOCCAL

*Recommended*

Completed course – Attach proof of completion of Meningococcal vaccine

### 7. INFLUENZA

*Recommended*

Attach proof of completion of most recent year's Influenza vaccine

**OR**

Details of Medical Practitioner/authorised vaccination administrator (i.e. Nurse vaccinator)  
Date: \_\_\_\_\_ Vaccination Administrator Signature: \_\_\_\_\_

### 8. TETANUS

*Recommended*

Attach proof of most recent booster

## MEDICAL PRACTITIONER DECLARATION

Student has completed all mandatory and / or recommended immunisation requirements as above.

Student has commenced the immunisation requirements and requires additional action

Additional action required/additional immunisations required:

.....  
.....  
.....  
.....  
.....

Date: \_\_\_\_\_

Medical Practitioner Signature: \_\_\_\_\_

Doctors Name and Stamp:

## STUDENT DECLARATION

By uploading this form to VU WIL, the student agrees 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 understand that I am responsible for all costs associated immunisation compliance.
- I am aware that conscientious objections to immunisations are not valid reasons for not completing this process and as such students will be denied access to clinical placements and course progression.
- I am aware that I am responsible for ensuring that boosters are given for any vaccinations as required.
- I understand that I must submit with this form a supporting letter from a medical practitioner as evidence relating to non-immunity (non-responder) or non-immunisation due to allergic response.
- 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.