

Family Name		First Name	Curtin University Health Service Building 109 Bentley Campus Appointments: 9266 7345 www.healthservices.curtin.edu.au
Course of Study			
Student Number		Date of Birth:	

Please copy this form for your personal record

Vaccine	Date	Batch Number	Official certification by vaccination provider (Clinic stamp and signature)
Adult formulation diphtheria, tetanus, acellular pertussis (dTpa - one adult dose of vaccine in last 10 years)			
Dose 1			
Hepatitis B vaccine (Age appropriate course of vaccinations AND post vaccination serology)			
Hepatitis B surface antigen prior to immunisation		detected / not detected	
Students who are HBsAg positive must receive appropriate occupational counselling			
Dose 1			
Dose 2			
Dose 3			

and

Serology Hepatitis B surface antibody		Serology: IU/l Immune/Not immune	
Those who do not seroconvert after an age appropriate course of vaccine should be managed in accordance with recommendations in the Australian Immunisation Handbook 10th Edition			
Dose 4			
Dose 5			
Serology Hepatitis B surface antibody		Serology: IU/l Immune/Not immune	
Measles/Mumps/Rubella vaccine 2 doses OR positive serology for Measles, Mumps and Rubella			
Dose 1			
Dose 2			

OR

Serology Measles IgG		Serology: detected/ not detected	
Serology Mumps IgG		Serology: detected/ not detected	
Serology Rubella IgG		Serology: IU/ml Immune/Not immune	
Varicella			
Requires <u>one</u> of the following: 2 x doses of varicella vaccine at least 1 month apart, or Presence of varicella IgG antibody on serology		Select at least one of the following: <input type="checkbox"/> At least 2 doses of varicella at least 1 month apart Date of last vaccine: <input type="checkbox"/> Immunology demonstrated by positive varicella zoster IgG antibody on serology performed on [date] Additional comments (if needed):	

Student Name		
Date of Birth		Student No.

Influenza vaccine (annually)			
Vaccine	Date	Batch Number	Signature

TB Screening			
Quantiferon gold		TB Interpretation:	

OR

Mantoux Test		Result:	
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If positive or indeterminate make an appointment to see your GP for referral to the WA TB Control Program.
A positive or indeterminate test does not affect ability to attend clinical placement.

MRSA Screening	
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- | | |
|---|---------------|
| 1. Have you worked in a clinical setting outside Western Australia in the last 12 months? | YES/NO |
| 2. Have you been a patient in a hospital outside Western Australia in the last 12 months? | YES/NO |

IF YOU ANSWER 'YES' TO EITHER QUESTION, YOU WILL REQUIRE AN MRSA SWAB TEST

Date:	Result: Isolated/Not Isolated
If MRSA is isolated make an appointment to see your GP for management under WA Health Guidelines	

COVID 19 (2 doses)			
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Vaccine	Date	Batch Number	Signature
Dose 1			
Dose 2			

Accepted [proof of COVID-19 vaccinations](#) are the COVID-19 Digital Certificate or Immunisation History Statement.

Serological testing		Date
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Medical students and Oral Health Therapy students only		
HIV Serology		Tested and appropriately counselled as per Australian National Guidelines for the Management of Health Care Workers known to be Infected with Blood-Borne Viruses. Signature of medical officer:
Hepatitis C antibody		

Vaccine	Date	Batch Number	Official certification by vaccination provider (Clinic stamp and signature)
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Hepatitis A (paramedicine students only) 2 doses or positive serology			
Dose 1			
Dose 2			

or

Hepatitis A IgG		Serology: detected/ not detected	
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