

Work-Integrated Learning (WIL) - Placements

Immunisation Compliance Form

**THIS FORM IS TO BE COMPLETED BY AN AUSTRALIAN IMMUNISATION PROVIDER
STUDENTS NEED TO BE PROVIDED WITH THE SEROLOGY EVIDENCE IN SUPPORT**

Evidence of immunity to specific diseases is mandatory for both staff and students in government, private practice, and healthcare organisations. Charles Darwin University (CDU) students undertaking a placement within these organisations must provide evidence of their immune status to specified vaccine-preventable diseases. This ensures that students are protected from these diseases, and CDU meets the State and Territory requirements and its contractual obligations. Different States/Territories have differing requirements; this document outlines the pre-placement vaccinations required by the Faculty of Health at CDU.

The university requires the following:

- A record of vaccination(s) signed by the medical practitioner/immunisation provider confirming the student's immunity.
- Copies of the serology results detailing immunity. Please provide the student with a copy of their serology to provide as evidence.
- Please complete this form after the first dose has been administered and ensure the student has follow-up appointments to complete the vaccination schedule.

If a student is a non-responder or has a contraindication to a vaccine (allergies, pregnancy, or breastfeeding), *SECTION 3: Inability to Comply* needs to be completed by their medical practitioner. Please provide vaccination dates and ensure the implications have been explained to the student.

***Please complete SECTION 1 and SECTION 5 and ask your medical practitioner
to complete SECTION 2, SECTION 3 (if required), and SECTION 4***

IF STUDENTS HAVE THE REQUIRED SEROLOGICAL EVIDENCE TO SUPPORT THEIR IMMUNISATION COMPLIANCE,
THEY CAN UPLOAD THE FORM TO INPLACE WITHOUT A MEDICAL PRACTITIONER'S SIGNATURE

SECTION ONE: Student Information

Student Name:

Date of Birth:

SECTION TWO: Mandatory Immunity Information

DISEASE	ACCEPTED EVIDENCE OF IMMUNITY	COMPLIANT (Medical Practitioner only – please indicate)	DATE(S) OF VACCINE (Medical Practitioner to complete)	SEROLOGY EVIDENCE (Medical Practitioner to provide)
Hepatitis B * <i>Standard 3-dose schedule is recommended (0- 1- & 6-month intervals)</i>	Documented history of age-appropriate course of HBV containing vaccines of either three (3) doses (booster if required) AND	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dose 1:/...../..... Dose 2:/...../..... Dose 3:/...../..... Booster:/...../..... (if required)	Sign: Sign: Sign: Sign:
	Documented seroconversion of HBsAb (≥10mLU/mL)		Serology confirms Anti-HBs immunity with levels greater than 10mLU/mL. Evidence attached. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Chickenpox (Varicella zoster virus) ^+ <i>both doses need to be given</i>	Documented history of chickenpox or Shingles infection OR Documented evidence of age-appropriate doses of varicella vaccine (2 doses need to be at least four weeks apart)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Serology confirms immunity. Evidence attached. <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Dose 1:/...../..... Dose 2#:/...../..... #If initiated after 14 years	Sign: Sign:
Diphtheria, Tetanus, Pertussis^ <i>Not ADT</i>	One documented dose of adult dTpa within the last 10 years (serology is not accepted)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dose 1:/...../.....	Sign:
Measles, Mumps, Rubella (MMR)^ <i>Must have a positive IgG for all three diseases or receive 2 doses of MMR vaccine</i>	Documented evidence of positive IgG for Measles AND Mumps AND Rubella OR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Serology confirms IgG immunity. Evidence attached. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Documented two (2) doses of MMR vaccine at least one month apart		Dose 1:/...../..... Dose 2:/...../.....	Sign: Sign:

Influenza <i>Required yearly</i>	One documented dose of vaccine during influenza season	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dose:/...../.....	Sign:
COVID-19	Documented 2 dose course	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dose 1:/...../..... Dose 2:/...../..... Booster:/...../.....	Sign: Sign: Sign:
			Vaccination course is complete <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tuberculosis Screening [†] <i>(applicable based on State/Territory recommendations)</i>	Documented baseline screening required (Mantoux or Quantiferon test)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Mantoux reading (mm): Date:/...../.....	
			IGRA result: (positive when ≥0.35IU/mL): Date:/...../.....	
			Evidence attached. <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Have you had a BCG vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hepatitis A [‡] <i>(NT and WA placements only)</i>	Documented evidence of immunity to Hepatitis A OR Documented two (2) doses of Hepatitis A vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Serology confirms HAV IgG immunity. Evidence attached. <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Dose 1:/...../..... Dose 2:/...../.....	Sign: Sign:
MRSA ^{**} Screening <i>(WA placements only)</i>	MRSA testing is compulsory for all interstate and overseas students	<input type="checkbox"/> Yes <input type="checkbox"/> No	Swabs (nose, throat, & skin lesions). Evidence attached. <input type="checkbox"/> Positive result <input type="checkbox"/> Negative result	
Meningococcal [‡] <i>(MLS placements only)</i>	Documented evidence of course (MenB vaccine)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Dose 1:/...../..... Dose 2:/...../..... Booster:/...../.....	Sign: Sign: Sign:
Important notes: [†] Hepatitis B requires confirmation of immunity for all students after completing the vaccination course. An HBsAb (Hepatitis B surface antibody) greater than or equal to 10LU/mL indicates immunity. A result of less than 10LU/mL indicates a lack of immunity.				

The HepB vaccine is usually given as a 3-dose course with a 1-month minimum interval between 1st and 2nd dose, a 2-month minimum interval between 2nd and 3rd dose, and a 4-month minimum interval between 1st and 3rd dose. The accelerated HepB schedule is not accepted.

If the student is unable to provide evidence of the full course of three (3) doses of vaccine, they can provide a statutory declaration on this information.

[^]DTPa, MMR, and VZV do not require confirmation of immunity post-vaccination.

Positive IgG indicates evidence of immunity, which may result from either natural infection or immunisation. Letters from medical practitioners or other vaccine service providers need to state the date the infection was diagnosed. They need to be on official letterhead and be signed by the practitioner and include their provider number.

⁺Varicella vaccine requires at least two doses at least one month apart (evidence of one dose is sufficient if the person received their first dose before 14 years of age).

[‡] TB – a positive result suggests the student may have been exposed to TB. This does not mean they are infectious, but a chest x-ray and a letter from their GP stating the student can undertake a placement at no risk to themselves or the public is required.

^{**}MRSA – a positive result requires a course of treatment and a letter from your medical practitioner confirming your management plan.

[¥]Meningococcal – MenB is given as 2 doses (8 weeks apart) with a single booster after 5 years.

A protective result is a titre of ≥ 1.4 .

SECTION THREE: Inability to Comply

Please document the medical circumstances preventing full compliance with the vaccine-preventable disease requirements for your placement (please attach extra pages if required).

SECTION FOUR: Medical Practitioner/Immunisation Provider Certification

This section must be completed by a Medical Practitioner or Australian Immunisation Provider

I have reviewed the evidence and certify the student is:

- ☐ **Fully Compliant:** Please complete *SECTION 2*.
- ☐ **Non-compliant:** (requires further vaccinations to complete course(s). Follow-up appointments have been made).
Please complete *SECTION 2*.
- ☐ **Unable to Comply:** Due to medical circumstances.
Please complete *SECTION 2* and *SECTION 3*.
- ☐ **Unable to Comply:** The student has not had all of the required vaccinations, or they have declined to vaccinate.
I have discussed the associated risks with them.

Name:

Date:/...../.....

Signature:

Phone Number:	Email:
<input type="checkbox"/> General Practitioner Provider number	<input type="checkbox"/> Immunisation Provider
Business Stamp/address here:	

SECTION FIVE: Student Declaration

I understand the potential health risks to myself and any patients I may encounter if I am not vaccinated per the immunisation requirements detailed in this document. I am also aware that if I am not vaccinated accordingly, my placement options could be impacted which might delay graduation.

I acknowledge:

- If I am unaware of my infection status regarding blood-borne viruses and perform exposure-prone procedures, this can be considered professional misconduct. It is a mandatory requirement that students disclose information relating to their health status that may pose a risk to others.
- I will seek medical advice if infected with a blood-borne virus ([CDNA National Guidelines for Healthcare Workers on Managing Bloodborne Viruses](#)).
- This information may be disclosed to placement organisations to ensure your health and safety and the health and safety of others.
- Placement organisations have the right to ask students to provide evidence of their immunisation status, hence it is recommended that students keep electronic and/or hard copies of their documents while on placement.
- The personal information in this document has been collected based on the [Privacy Act 1988](#), [Information Act 2002](#), and CDU's [Privacy and Confidentiality Policy](#). This information will only be accessed and used by the CDU WIL team to organise your placement.

I hereby certify that the information on this form is true and correct.

Student Signature:	Date:/...../.....
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Once completed and signed by a medical practitioner, please scan and upload the document with supporting documentation into InPlace for the WIL team to verify.