Immunisation and Vaccinations

Declining to participate in immunisation screening and/or vaccination/s.

Due to the increased risk of exposure to communicable diseases when undertaking clinical placements, the College of Nursing and Midwifery has a responsibility to ensure that all students meet immunisation screening and/or subsequent vaccination requirements. Therefore, all students are required to provide evidence of their immunisation status, and/or subsequent vaccinations relevant to their geographical location, prior to commencing any clinical placement component of their course. The College of Nursing and Midwifery would like to advise that any student declining to participate in immunisation screening, and/or subsequent vaccinations, will be unable to meet the clinical requirements of their course.

Pregnancy/Breastfeeding and Vaccinations

The College of Nursing and Midwifery is aware that some vaccinations may not be recommended for pregnant women during various stages of gestation. Therefore, the College strongly recommends any student anticipating an upcoming pregnancy ensures that their immunisation screening and subsequent vaccinations are current and where possible, will remain so for the duration of the pregnancy. The College also acknowledges that a student who is currently pregnant or breastfeeding, may decline immunisation screening and/or subsequent vaccinations, for a defined period of time. In this scenario, the student will temporarily be ineligible to complete any clinical placement component of their course. Once this period of time has expired, it is the student’s responsibility to produce evidence of meeting the immunisation screening and/or vaccination requirements in order to successfully meet the clinical requirements of the course.

Student Declaration

I understand that by declining to participate in immunisation screening and/or vaccinations, I will be unable to meet the clinical requirements of my course. Specifically, I decline to participate in immunisation screening, and/or, recommended vaccination programs for:

Student name: ____________________________  Director Clinical Education: ____________________________

Student number: ____________________________  Signature: ____________________________

Student signature: ____________________________  Date: ____________________________