Southern Cross University
Faculty of Health

Immunisation Verification Form

To be completed by the student's treating medical practitioner[1] or a registered health practitioner[2]

Applicant surname

Applicant first name

Practice stamp / facility name and address:

Applicant address

Applicant phone number

Applicant date of birth (DD/MM/YY)

Applicant email

Practitioner name

Practitioner designation

Practitioner signature

Provider number (if applicable)

Date (DD/MM/YYYY)

Important Note: Students must provide copies of original vaccination records and serology results. The documentation sighted below must be uploaded by the student to their Checks tab in Sonia Online.

Mandatory Vaccination and Health Screening Requirements

Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence
Diphtheria, tetanus, acellular pertussis (whooping cough)	☐ Documented history of one adult dose of dTpa within the past ten years Dose 1: Date scheduled: ____ Date complete: ____	Not applicable	Not applicable
Measles, Mumps and Rubella	☐ Two documented doses of measles, mumps and rubella (MMR) vaccine at least one month apart Dose 1: Date scheduled: ____ Date complete: ____ Dose 2: Date scheduled: ____ Date complete: ____	☐ Positive IgG for each of measles, mumps and rubella[3] OR	☐ Birth date before 1966 OR
Varicella (chicken pox)	☐ Documented history of age appropriate course of varicella vaccination[4] including zoster) Dose 1: Date scheduled: ____ Date complete: ____ Dose 2*: Date scheduled: ____ Date complete: ____ (*if course is initiated after age 14)	☐ Positive IgG for varicella[3] OR	Not applicable

Mandatory Vaccination and Health Screening Requirements

Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence
Hepatitis B	☐ Documented history of age appropriate course of hepatitis B vaccine. NOT "Accelerated" course [5] Date scheduled: Date complete: Dose 1: ____ ____ Date scheduled: Date complete: Dose 2: ____ ____ Date scheduled: Date complete: Dose 3: ____ ____	☐ Anti-HBs greater than or equal to 10 mIU/mL [6] OR **IMPORTANT:** Evidence of hepatitis B vaccination and serology are required if allocated to NSW Health	Not applicable
Influenza (flu vaccination)	☐ Documented history of one dose of current southern hemisphere seasonal influenza vaccine Date scheduled: Date complete: Dose 1: ____ ____	Not applicable	Not applicable

Privacy Collection Notice

Southern Cross University requires this information to arrange and facilitate your work integrated learning, and for related statistical and reporting purposes. This may include disclosing personal or health information that is reasonably required to relevant third parties, including work integrated learning sites and providers, regulatory bodies or government departments. You may not be able to participate in work integrated learning if you do not provide the information requested.

We will treat your information confidentially and will not disclose it, other than in accordance with this notice, without your consent unless we are permitted or required to do so by law.

The University uses Sonia, which is a work integrated learning database that manages student allocation and other work integrated learning opportunities. For more information on how the information will be used and disclosed, or to access and update your personal information, please contact your work integrated learning supervisor or the Work Integrated Learning Unit. For information on how the University collects, stores, uses and discloses personal information see the University's Privacy Management Plan or contact the Privacy Officer at *privacy@scu.edu.au*

Student Disclosure Consent

I consent to SCU disclosing my Fit to Practice documentation and any other personal or health information held by SCU that is reasonably required by work integrated learning (WIL) sites and providers for the purpose of arranging and facilitating my placement. I understand that disclosure of this information to the WIL Unit does not guarantee an allocation. I also understand that I may withdraw my consent at any time by notifying the WIL Unit; however, withdrawal will affect my ability to undertake placement and may impact my academic progression.

Applicant's full name	Applicant's signature	Date (DD/MM/YY)

Australian Immunisation Handbook – https://immunisationhandbook.health.gov.au/

HepatitisB

Brand names of **monovalent** hepatitis B vaccines are:

- H-B-Vax II (adult or paediatric formulation)
- Engerix-B (adult or paediatric formulation)

Brand names of combination **hepatitis B** vaccines are:

- Infanrix hexa (diphtheria, tetanus, pertussis, Haemophilus **influenzae type b, hepatitis B, polio**
- **Twinrix/Twinrix Junior (hepatitis A, hepatitis B)**
- ComVax (Haemophilus influenza type B, hepatitis B)
- **Infranix hep B (diphtheria, tetanus, pertusiss, hepatitis B)**

Measles, **Mumps, Rubella**

Brand names of MMR vaccines are:

- M-M-R-II
- Priorix

Brand names of combination **MMRV (containing varicella)** vaccines are:

- Priorix-tetra
- ProQuad

Varicella

Brand names of **monovalent varicella** vaccines are:

- Varilrix
- Varivax

Brand names of combination **varicella vaccines are:**

- Priorix-tetra
- ProQuad

Brand **name of zoster (shingles) vaccine:**

- Zostavax
- **Shingrix**

Annual Flu

Annnual influenza vaccination is strongly recommended for all students, and is mandatory for students attending high risk settings and all aged care.

COVID-19

COVID-19 vaccination is strongly recommended for all students who enter work in or provide services in health care settings.

Footnotes and further information:

1. A treating medical practitioner means a person (other than the student) who has been involved in, the diagnosis, assessment or treatment of the student's vaccination(s) or health screening(s) .
2. A registered health practitioner means a person (other than the student) who is trained to interpret immunological test results, vaccination schedules, tuberculosis (TB) assessment and/or TB screening (eg: Doctor, Paramedic, Registered Nurse or Enrolled Nurse).
3. Positive IgG (Immunoglobulin G) indicates evidence of serological immunity, which may result from either natural infection or immunisation. Should serology results not be in the positive range further vaccination will be necessary.
4. Two doses of varicella vaccine at least one (1) month apart. Evidence of one (1) dose is sufficient if the person received their first dose before 14 years of age.
5. Hepatitis B vaccine is usually given as a three (3) dose course over a minimum of four (4) to six (6) months. For adolescents between the ages of 11-15, hepatitis B vaccine may be given as a two (2) dose course four (4) to six (6) months apart.
6. Anti-HBs (hepatitis B surface antibody) greater than or equal to 10 mIU/mL indicates immunity. If the result is less than 10 mIU/mL (<10 mIU/mL), this indicates lack of immunity.