

To be completed by the student's treating medical practitioner¹ or a registered nurse

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		
Health practitioner name		Health practitioner designation
Health practitioner signature		Provider No. (if applicable)

Important Note: Copies of original vaccination records and serology results MUST be provided. Students are required to submit their documentation as sighted below to the SCU Work Integrated Learning management system, [Sonia](#).

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 Date scheduled: Date complete: Dose 1:	Not applicable	Not applicable
Measles, Mumps and Rubella	Two documented doses of measles, mumps and rubella (MMR) vaccine at least one month apart Date scheduled: Date complete: Dose 1: Date scheduled: Date complete: Dose 2:	Positive IgG for each of measles, mumps and rubella ²	Birth date before 1966
Varicella (chicken pox)	Documented history of age appropriate course of varicella vaccination ³ including zoster) Date scheduled: Date complete: Dose 1: Date scheduled: Date complete: Dose 2*: (*if course is initiated after age 14)	Positive IgG for varicella ²	Not applicable

Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence
Hepatitis B	<p>Documented history of age appropriate course of hepatitis B vaccine. NOT "Accelerated" course⁴</p> <p>Date scheduled: Date complete:</p> <p>Dose 1:</p> <p>Date scheduled: Date complete:</p> <p>Dose 2:</p> <p>Date scheduled: Date complete:</p> <p>Dose 3:</p>	<p>Anti-HBs greater than or equal to 10 IU/mL⁵</p> <p>OR</p> <p>IMPORTANT: Evidence of hepatitis B vaccination <u>and</u> serology are required if allocated to NSW Health</p>	Not applicable
Influenza (flu vaccination)	<p>Documented history of one dose of current southern hemisphere seasonal influenza vaccine</p> <p>Date scheduled: Date complete:</p> <p>Dose 1:</p>	Not applicable	Not applicable
COVID-19	<p>Documented history of two or three doses of vaccine</p> <p>Date scheduled: Date complete:</p> <p>Dose 1:</p> <p>Date scheduled: Date complete:</p> <p>Dose 2:</p> <p>Date scheduled: Date complete:</p> <p>Dose 3:</p>	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 that is held by SCU, and which is reasonably required for work integrated learning sites and providers for the purpose of arranging and facilitating my work integrated learning. I understand that disclosure of the information to the Work Integrated Learning Unit does not guarantee an allocation. I understand that I can withdraw my consent at any stage by notifying the Work Integrated Learning Unit but that withdrawal will affect my ability to undertake my work integrated learning and academic progression.

Applicant's full name

Applicant's signature

Date (DD/MM/YY)

Hepatitis B

Brand names of hepatitis B vaccines are:

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

Brand names of combination vaccines containing hepatitis B vaccine 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)
- Infanrix hep B (diphtheria, tetanus, pertussis, acellular, hep B)

Measles, Mumps, Rubella

Brand names of MMR vaccine are:

- M-M-R-II
- Priorix

Vaccines that contain measles, mumps, rubella and varicella (chickenpox) vaccines are:

- Priorix-tetra
- ProQuad

Varicella

- Varilrix
- Varivax

Brand names of combination vaccine containing varicella vaccine are:

- Priorix-tetra
- ProQuad

Brand name of zoster vaccine:

- Zostavax.

Annual Flu

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

COVID-19

COVID-19 vaccination is a requirement for all students who enter work in or provide services in a NSW health care setting.

Footnotes and further information:

1. A treating medical practitioner is, or has been involved in, the diagnosis, assessment or treatment of the student's vaccination(s) or health screening(s) .
2. 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.
3. Two doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person received their first dose before 14 years of age).
4. Hepatitis B vaccine is usually given as a 3 dose course over a minimum of 4 to 6 months. For adolescents between the ages of 11-15 hepatitis B vaccine may be given as a two dose course 4-6 months apart.
5. Anti-HBs (hepatitis B surface antibody) greater than or equal to 10 IU/mL indicates immunity. If the result is less than 10 IU/mL (<10 IU/mL), this indicates lack of immunity.