

IMMUNISATION REPORT

STUDENT INSTRUCTIONS

Before commencing clinical placement, you must provide evidence of immunity to some diseases. Please have this form completed and signed by a GP or Practice Nurse. If you do not have evidence of your vaccinations, serology testing (blood test) is required to confirm your immunity.

In the event you are not immune, vaccination / treatment will be necessary which will incur a cost.

- Once completed, please upload to your 'Checks' tab in MyWIL.
- Students must retain a hard copy and an electronic copy of this document.
- Please note any information you provide is confidential to the University and no details, other than your overall clearance status, will be shared without your prior consent.
- Any questions, email your placement coordinators (Nursing: nursingplacements@waikato.ac.nz, Midwifery: midwiferyplacements@waikato.ac.nz, Pharmacy: pharmacyplacements@waikato.ac.nz)

STUDENT DETAILS

Student Name:	
Student ID Number:	
Date of Birth (DD/MM/YYYY):	
NZ Mobile Number:	
Living Address during study:	
Personal Email Address:	

FOR GP OR HEALTH PROFESSIONAL TO COMPLETE

- The University of Waikato is required to provide evidence of immunity and vaccinations. This information will be shared as necessary with appropriate health professionals and placement providers.
- Please complete the following information for the above-named patient.
- There are 9 sections to complete. All must be completed in full.

3) BOOSTRIX (DIPHTHERIA/TETANUS/PERTUSSIS)

Documented evidence in the last 10 years	Date:	Initial:
Boostrix evidence of immunity complete	Date:	Initial

4) MMR (MEASLES/MUMPS/RUBELLA) (NOT APPLICABLE IF BORN BEFORE 1969)

MMR (not applicable if born before 1969)	1st dose Date _____	Initial _____
Documented dates of two MMR vaccinations	2 nd dose Date _____	Initial _____
<u>OR</u>		
MEASLES Laboratory evidence of immunity	Immune <input type="checkbox"/> Not immune <input type="checkbox"/>	
MUMPS Laboratory evidence of immunity	Immune <input type="checkbox"/> Not immune <input type="checkbox"/>	
RUBELLA Laboratory evidence of immunity	Immune <input type="checkbox"/> Not immune <input type="checkbox"/>	
If not immune administer vaccination/s and document above		
MMR evidence of immunity complete	Date:	Initial

5) VARICELLA (CHICKEN POX)

Diagnosis or verification of a history of varicella zoster by a health professional	Date _____
<u>OR</u>	
Documented administration of two doses of varicella vaccine 1st dose (6 weeks apart)	1st dose Date _____ Initial _____ 2nd dose Date _____ Initial _____
<u>OR</u>	
Laboratory evidence of immunity OR laboratory confirmation of disease	Immune <input type="checkbox"/> Not immune <input type="checkbox"/> If not immune administer vaccination/s and document above
Varicella evidence of immunity complete	Date: Initial

6) TUBERCULOSIS (TB)

QuantiFERON-TB Plus Gold test result	Negative <input type="checkbox"/> Positive <input type="checkbox"/> If Positive QuantiFERON Gold – GP referral to Respiratory Clinic required. To be cleared for Placement the student must provide a letter from GP stating student is symptom free.
TB Screening complete	Date: _____ Initial _____

7) SKIN INTEGRITY

Lower arms and hands– Health Practitioners Competence Assurance Act 2003, 45 Subsection (5) Does the student have any current skin conditions, and/or history of contact dermatitis, eczema or psoriasis, that may not allow frequent contact with water, soap disinfectant and cleaning chemicals?	Yes* <input type="checkbox"/> Date _____ Initial _____ No <input type="checkbox"/> Date _____ Initial _____ <i>*if yes, please note recommended action below</i>
Skin Integrity exam complete	Date: _____ Initial _____

8) NOTES

<i>Please add notes on any non-standard results and/or further actions required:</i>
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9) RECOGNITION OF FORM COMPLETION

The health professional hereby declares that all of the above information is correct.	
Details and MCNZ No. of the GP or Health Professional and NCNZ No who is completing this declaration	Medical Practice name/address/stamp:
Name:	
Signature:	
Date:	

Note: Students may be required to provide evidence of an annual Influenza vaccination during the declared influenza seasons when undertaking clinical placement.