

# Student Serology and Immunisation Form



<b>Student Name</b>		Curtin University Health Service Building 109 Bentley Campus Appointments: 9266 7345 www.healthservices.curtin.edu.au
<b>Date of Birth</b>		
<b>Course of Study</b>		
<b>Student Number</b>		

Please copy this form for your personal record

Vaccine	Date	Batch Number	Official certification by vaccination provider (Clinic stamp and signature)
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**Adult formulation diphtheria, tetanus, acellular pertussis (dTpa - one adult dose of vaccine in last 10 years)**

Dose 1			

**Hepatitis B vaccine (Age appropriate course of vaccinations AND post vaccination serology)**

Hepatitis B surface antigen prior to immunisation		detected / not detected	
Students who are HBsAg positive <b>must</b> receive appropriate occupational counselling			
Dose 1			
Dose 2			
Dose 3			

**and**

Serology Hepatitis B surface antibody		Serology: IU/I Immune/Not immune	
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Those who do not seroconvert after an age appropriate course of vaccine should be managed in accordance with recommendations in the Australian Immunisation Handbook 10th Edition

Dose 4			
Dose 5			
Serology Hepatitis B surface antibody		Serology: IU/I Immune/Not immune	

**Measles/Mumps/Rubella vaccine 2 doses OR positive serology for Measles, Mumps and Rubella**

Dose 1			
Dose 2			

**OR**

Serology Measles IgG		Serology: detected/ not detected	
Serology Mumps IgG		Serology: detected/ not detected	
Serology Rubella IgG		Serology: IU/ml Immune/Not immune	

**Varicella (chicken pox) vaccine age appropriate course OR positive serology for Varicella**

Dose 1			
Dose 2			

**OR**

Serology Varicella IgG		Serology: detected/ not detected	
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# Student Serology and Immunisation Form



<b>Student Name</b>		
<b>Date of Birth</b>		<b>Student No.</b>

<b>Influenza vaccine (annually)</b>			
<b>Vaccine</b>	<b>Date</b>	<b>Batch Number</b>	<b>Signature</b>

<b>TB Screening</b>			
Quantiferon gold		TB Interpretation:	

**OR**

Mantoux Test		Result:	
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If positive or indeterminate make an appointment to see your GP for referral to the WA TB Control Program.  
A positive or indeterminate test does not affect ability to attend clinical placement.

<b>MRSA Screening</b>	
1. Have you worked in a clinical setting outside Western Australia in the last 12 months?	YES/NO
2. Have you been a patient in a hospital outside Western Australia in the last 12 months?	YES/NO

**IF YOU ANSWER 'YES' TO EITHER QUESTION, YOU WILL REQUIRE AN MRSA SWAB TEST**

Date:	Result:	<b>Isolated/Not Isolated</b>
If MRSA is isolated make an appointment to see your GP for management under WA Health Guidelines		

<b>Vaccine</b>	<b>Date</b>	<b>Batch Number</b>	<b>Official certification by vaccination provider (Clinic stamp and signature)</b>
<b>Hepatitis A (paramedicine students only) 2 doses or positive serology</b>			
Dose 1			
Dose 2			

**or**

Hepatitis A IgG		Serology: detected/ not detected	
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<b>Serological testing</b>	<b>Date</b>
<b>Medical students and Oral Health Therapy students only</b>	
HIV Serology	Tested and appropriately counselled as per Australian National Guidelines for the Management of Health Care Workers known to be Infected with Blood-Borne Viruses. <b>Signature of medical officer:</b>
Hepatitis C antibody	