IMMUNISATION REPORT

STUDENT INSTRUCTIONS - READ CAREFULLY

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.
- It is your responsibility to check that the GP or Practice Nurse has initialled and signed in all the correct sections. If not, this form will be returned to you for full completion.
- 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 the Clinical Placements Team (Nursing: nursingplacements@waikato.ac.nz, Midwifery: midwiferyplacements@waikato.ac.nz, Pharmacy: pharmacyplacements@waikato.ac.nz)

STUDENT DETAILS

Student name:	
Student ID number:	
Programme (circle one):	Nursing Midwifery Pharmacy
Date of Birth (DD/MM/YYYY):	
NZ mobile number:	
Personal email address:	

GP OR HEALTH PROFESSIONAL INSTRUCTIONS

- 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 ensuring you initial and/or sign in all sections
- There are 9 sections to complete. All must be completed in full.

1) COVID-19

Documented administration of two doses of COVID-19 (these vaccines are not mandatory)

1st dose	Date:	Initial:
2nd dose	Date:	Initial:
Booster	Date:	Initial:

COVID-19 Complete (two doses)	**Yes ☐ N/A ☐**	**Initial:**
COVID-19 Booster Complete	**Yes ☐ N/A ☐**	**Initial:**

2) HEPATITIS B- SEROLOGY REQUIRED AND VACCINATION IF NECESSARY

Hepatitis B – Antigen — Positive ☐ Negative ☐

AND

Hepatitis B – Antibody — Immune ☐ Not immune *☐

**Continue with vaccination*

*** If not immune continue per below**

Previous full Hep B course of immunisation:

1. If not immune administer challenge dose
Date _____ Initial _____

Serology test results (3-4 weeks later)
Immune ☐ Not immune ☐ (continue with 2nd full course)

2. If not immune complete 2nd full course (2 further doses)
2nd dose Date _____ Initial _____
3rd dose Date _____ Initial _____

Serology test results (3-4 weeks later)
Immune ☐ Not immune ☐

No previous Hep B vaccination:

1. Administer full Hep B course
1st dose Date _____ Initial _____
2nd dose Date _____ Initial _____
3rd dose Date _____ Initial _____

Serology test results (3-4 weeks after completion)
Immune ☐ Not immune ☐ (continue with Booster)

2. If not immune administer challenge dose
Date _____ Initial _____

Serology test results (3-4 weeks later)
Immune ☐ Not immune ☐ (continue with 2nd full course)

3. If not immune complete 2nd full course (2 further doses)
2nd dose Date _____ Initial _____
3rd dose Date _____ Initial _____

Serology test results (3-4 weeks later)
Immune ☐ Not immune ☐

Hepatitis B evidence of immunity complete	**Date:**	**Initial:**

3) BOOSTRIX (DIPHTHERIA/TETANUS/PERTUSSIS)- VACCINATION OR SEROLOGY

Last documented dose Date: Initial:

Boostrix Specific requirements:

5 yearly when working with children (due to the requirement of 5 yearly pertussis vaccination)

Boostrix evidence of immunity complete	**Date:**	**Initial**

4) MMR (MEASLES/MUMPS/RUBELLA)- VACCINATION OR SEROLOGY

MMR *(not applicable if born in New Zealand before 1969)* Documented dates of two MMR vaccinations **OR**	**1st dose** Date: **2nd dose** Date:	 Initial: Initial:
MEASLES Laboratory evidence of immunity MUMPS Laboratory evidence of immunity RUBELLA Laboratory evidence of immunity	Immune ☐ Immune ☐ Immune ☐	Not immune ☐ Not immune ☐ Not immune ☐

If not immune administer vaccination/s and document above

MMR evidence of immunity complete	**Date:**	**Initial**

5) VARICELLA (CHICKEN POX)- VACCINATION OR SEROLOGY

Diagnosis or verification of a history of varicella zoster by a health professional	Date:	
OR		
Documented administration of two doses of varicella vaccine 1st dose (6 weeks apart)	**1st dose** Date:	 Initial:
OR	**2nd dose** Date:	 Initial:
Laboratory evidence of immunity OR laboratory confirmation of disease	Immune ☐	Not immune ☐

If not immune administer vaccination/s and document above

Varicella evidence of immunity complete	**Date:**	**Initial**

6) TUBERCULOSIS (TB)- TEST REQUIRED

QuantiFERON-TB Plus Gold test result Negative ☐

Positive* ☐

*** 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 has had a clear chest x-ray and be symptom free.

TB Screening complete	**Date:**	**Initial**

7) SKIN INTEGRITY- EXAM REQUIRED

Lower arms and hands– Health Practitioners Competence Assurance Act 2003, 45 Subsection (5) Yes* ☐ No ☐

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?

**if yes, please note recommended action below*

Skin Integrity exam complete	**Date:**	**Initial**

8) NOTES

Please add notes on any non-standard results and/or further actions required:

9) RECOGNITION OF FORM COMPLETION – SIGNATURE REQUIRED

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.*