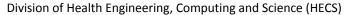
Te Huataki Waiora School of Health





INSTRUCTIONS

Before commencing clinical placement you need to provide evidence of immunity to some diseases. Your GP (or delegated health professional) may have evidence of your vaccination history. If you do not have evidence of your vaccinations, serology testing is required to confirm your immunity. In the event you are not immune, vaccination/treatment will be necessary.

- Once completed, please upload to your documents 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 <u>nursingplacements@waikato.ac.nz</u>

STUDENT DETAILS

Student Name:	
Student ID Number:	
Date of Birth (DD/MM/YYYY)	

FOR GP OR HEALTH PROFESSIONAL TO COMPLETE

- The University of Waikato is required to provide evidence of immunity and vaccinations by health agencies/practices. This information will be shared as necessary with appropriate health professionals and placement providers.
- Please complete the following information for the above named patient.

COVID-19

Documented administration of two doses of COVID-19 (Pfizer/BioNTech)

1st dose Date Initial

2nd dose Date Initial

Date Initial

COVID	10	Scroon	ina	Comp	oto
	- 1 7	70 1001	11119		

Booster (if applicable)

Initial

HEPATITIS B					
Hep B - antigen	Negative □	Positive	Нер В -	antibody	Immune ☐ Not immune ☐ (continue with vaccination)
If not immune No previous Hep B va	accination				
1. Administer full Ho	ep B vaccination		1 st dose	Date	Initial
				Date	Initial
			3 rd dose	Date	Initial
Serology test results	(3-4 weeks after o	ompletion)		Immune 🗆	Not immune (continue with booster)
2. If not immune ac	lminister booster			Date	Initial
Serology test results	(3-4 weeks later)			Immune 🗆	
3. If not immune ac	dminister 2 nd full co	ourse	1 st dose	Date	Initial
			2 nd dose	Date	Initial
			3 rd dose	Date	Initial
Serology test results (3-4 weeks after completion		ompletion)		Immune 🗆	Not immune □
In previous full Hep [3 course of immun	<u>isation</u>			
1. Administer boost	er			Date	Initial
Serology test results	(3-4 weeks later)			Immune 🗆	
2. If not immune ac	dminister 2 nd full co	ourse	1 st dose	Date	Initial
			2 nd dose		Initial
			3 rd dose	Date	Initial
Serology test results (3-4 weeks later)				Immune 🗆	Not immune □
Hepatitis B Scree	ning Complete				Initial

MMR			
Documented dates of two (2) MMR vaccinations 1 st	dose	Date	Initial
2 nd	dose	Date	Initial
OR MEASLES (not applicable if born before 1969)			
Laboratory evidence of immunity or laboratory confirmation of	of		
disease		Immune □	Not immune \square
MUMPS			
Laboratory evidence of immunity or laboratory confirmation of	of		
disease		Immune □	Not immune \square
RUBELLA			
Laboratory evidence of immunity or laboratory confirmation of	of		
disease		Immune □	Not immune \square
If not immune administer vaccination/s and document above			
MMR Screening Complete			Initial
Varicella			
Diagnosis or verification of a history of varicella zoster by a he	alth		
professional		Date	Initial
OR			Initial
Documented administration of two doses of varicella vaccine			
	dose	Date	Initial
2 nd		Date	Initial
_		Immune	Not immune
OR			Not illilliane 🗆
Documented evidence of immunity or laboratory confirmation	n of		
disease			
If not immune administer vaccination/s and document above			
Varicella Screening Complete			Initial

BOOSTRIX (DIPHTHERIA/TETANUS/PERTUSSIS)			
Documented evidence of administration within the last 10 years	Date	Initial	
Skin Integrity			
Lower arms and hands – Health Practitioners Competence Assurant Does the student have any current skin conditions, and/or past hist that may not allow frequent contact with water, soap disinfectant	ory of contact	t dermatitis, eczema or psoriasis	s,
	Yes □	No □	
The health professional hereby declares that all of the above inform	nation is corre	ect.	
Details and MCNZ No. of the GP or Health Professional and NCNZ No who is completing this declaration	Medical Pra	actice name/address/stamp:	
Name:			
Signature:			
Date:			

Influenza (required during influenza season)

Students will require evidence of an Annual Influenza Vaccination during the declared influenza seasons when undertaking clinical placement.