THE UNIVERSITY OF WAIKATO
Te Whare Wānanga o Waikato

Te Huataki Waiora School of Health
Division of Health Engineering, Computing and Science (HECS)

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 nursingplacements@waikato.ac.nz

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 ______

Booster (if applicable) Date ______ Initial ______

COVID-19 Screening Complete	**Initial**

Hepatitis B

Hep B - antigen Negative ☐ Positive ☐ **Hep B - antibody** Immune ☐ **Not immune** ☐
(continue with vaccination)

If not immune

No previous Hep B vaccination

1. Administer full Hep B vaccination

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 booster

Date ____ Initial ____

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

3. **If not immune** administer 2nd full course

1st dose Date ____ Initial ____
2nd dose Date ____ Initial ____
3rd dose Date ____ Initial ____

Serology test results (3-4 weeks after completion) Immune ☐ **Not immune** ☐

In previous full Hep B course of immunisation

1. Administer booster

Date ____ Initial ____

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

2. **If not immune** administer 2nd full course

1st dose Date ____ Initial ____
2nd dose Date ____ Initial ____
3rd dose Date ____ Initial ____

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

Hepatitis B Screening Complete	**Initial**

MMR

Documented dates of two (2) MMR vaccinations

1st dose	Date	Initial
2nd dose	Date	Initial

OR
MEASLES (not applicable if born before 1969)
Laboratory evidence of immunity or laboratory confirmation of disease — Immune ☐ **Not immune** ☐

MUMPS
Laboratory evidence of immunity or laboratory confirmation of disease — Immune ☐ **Not immune** ☐

RUBELLA
Laboratory evidence of immunity or laboratory confirmation of disease — Immune ☐ **Not immune** ☐

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 health professional

Date Initial

OR
Documented administration of two doses of varicella vaccine

1st dose	Date	Initial
2nd dose	Date	Initial

Immune ☐ **Not immune** ☐

OR
Documented evidence of immunity or laboratory confirmation 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 Assurance Act 2003, 45 Subsection (5)*
Does the student have any current skin conditions, and/or past history of contact dermatitis, eczema or psoriasis, that may **not allow frequent contact with water, soap disinfectant and cleaning chemicals**?

Yes ☐ No ☐

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 Name:	Medical Practice name/address/stamp:
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.