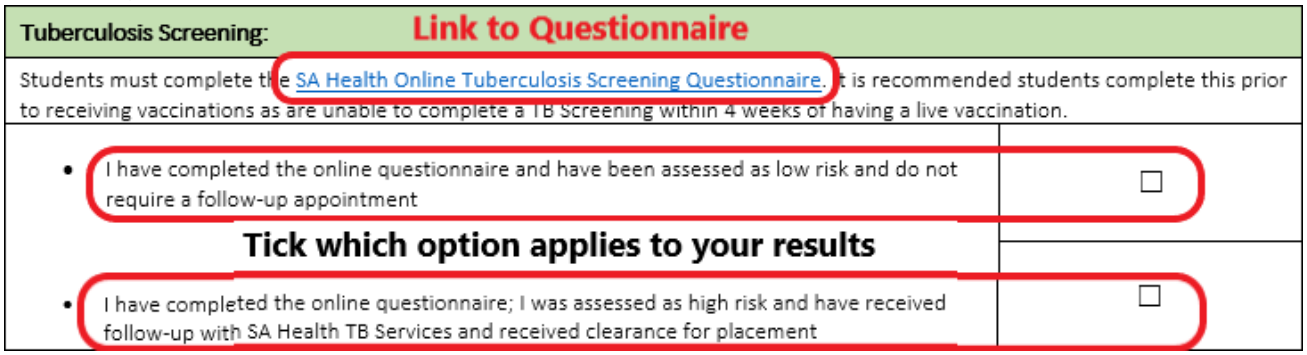
Completing Adelaide University Compliance Certificate

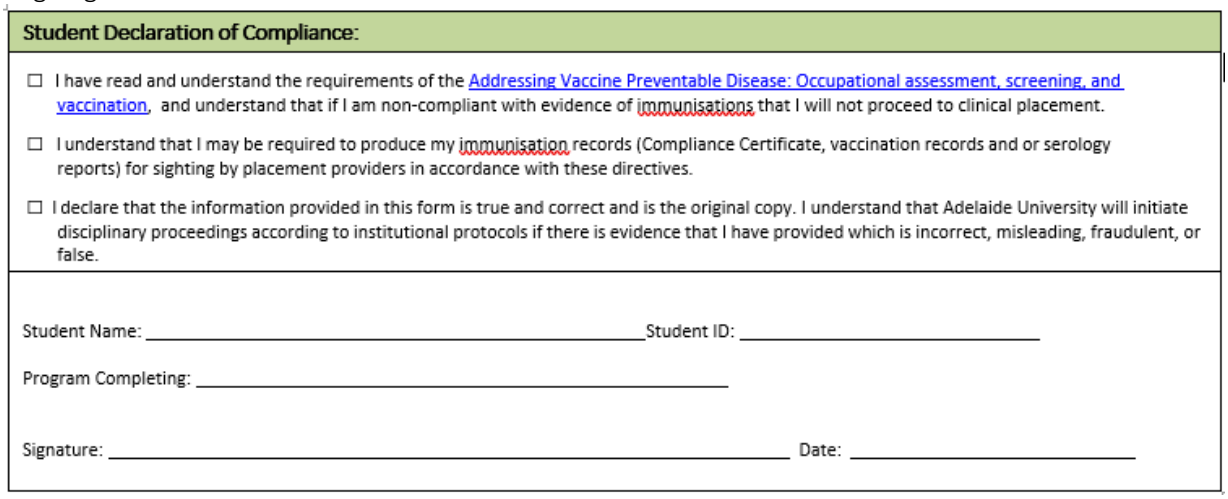
- Once you have downloaded the form, print the form and write your name, DOB and Student ID on the top of page 1 ready to take to your Medical / Nurse Practitioner. The form must be completed as a hard copy.
- The Immunisation Compliance Form has 3 pages
  - Page 1: Lists Vaccine Preventable Diseases (VPD's) that students must have evidence of immunity for to be eligible to attend placement (Hepatitis A is recommended but not mandatory)
  - Page 2: Lists serological screening students are strongly recommended to undertake (these are not mandatory), a section your Medical / Nurse Practitioner is required to complete re. the progress of student immunisations. Page 2 also has a Tuberculosis Screening section and Student Declaration
  - Page 3: This page only gets completed if you have a medical contraindication to obtaining a vaccination.
- Sections on pages 1 & 2 with blue headings are required to be completed by your Medical / Nurse Practitioner, sections on pages 1 & 2 with green headings are to be completed by the student.
- It is recommended that students complete the SA Health Online Tuberculosis Screening Questionnaire first
  - If TB screening follow-up is required, you are unable to have had a live vaccine in the previous 4 weeks.

Student Completed Sections

- Students are required to complete the "Tuberculosis Screening" and "Student Declaration of Compliance" sections on page 2
- After completing the SA Health online TB Screening questionnaire, please tick the box with your corresponding outcome to the questionnaire.
- Only tick 1 box

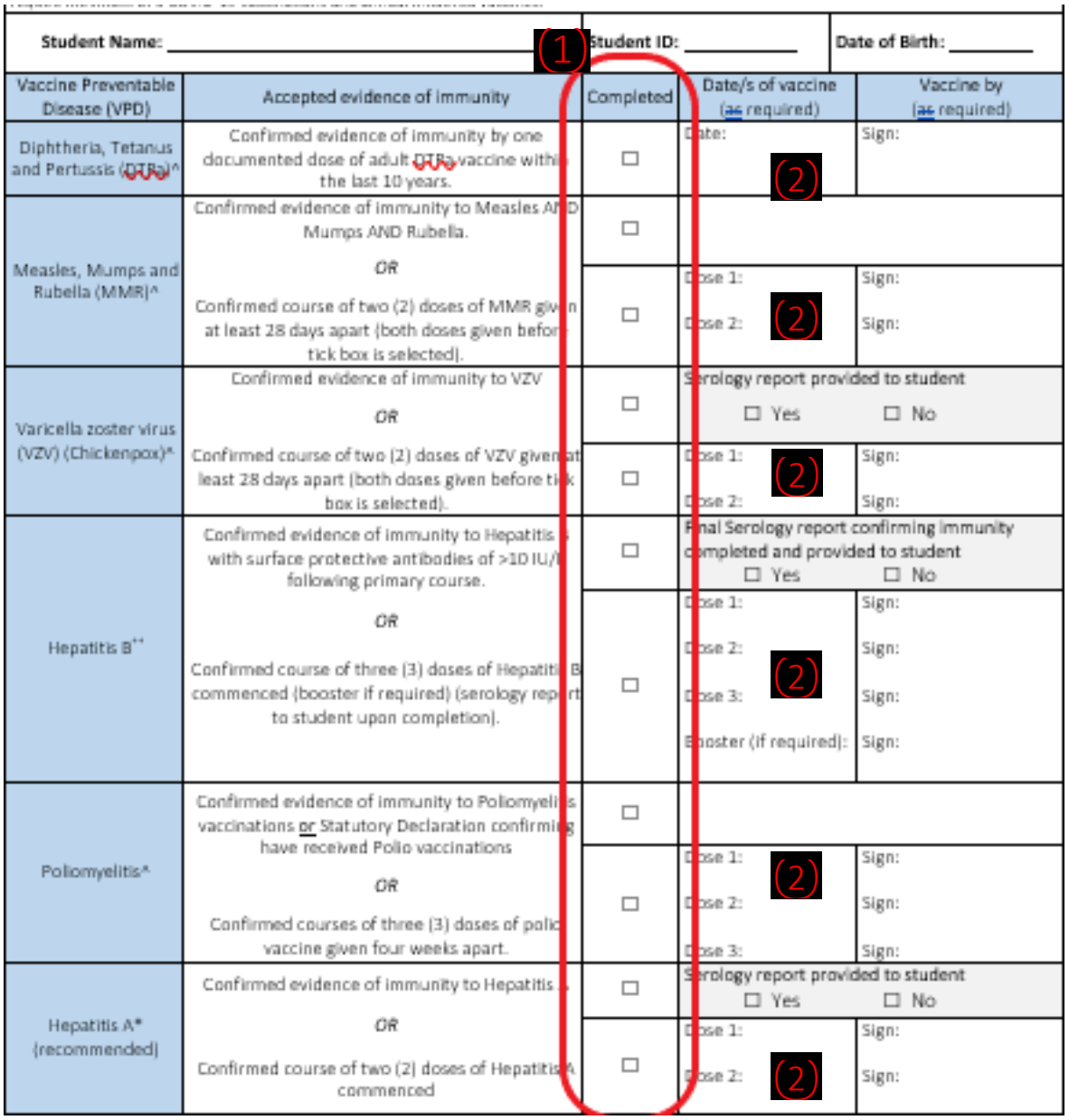


- Complete the Student Declaration section by ticking the 3 boxes on the right, entering student details and signing form:



Medical / Nurse Practitioner Completed Sections

- Your Medical / Nurse Practitioner must complete the sections with blue headings
- If the tick boxes in the "Completed" column are not ticked and the "Completed" section in the "Medical / Nurse Practitioner Declaration" is not completed, your document will be rejected, and you will need to return to your practitioner to get this fixed.
- If you require vaccinations, your practitioner needs to record the date the vaccine is administered and sign in the sections provided next to the relevant VPD.



Student Name: _____ (1)	Student ID: _____	Date of Birth: _____

Vaccine Preventable Disease (VPD)	Accepted evidence of immunity	Completed	Date/s of vaccine (as required)	Vaccine by (as required)
Diphtheria, Tetanus and Pertussis (DTPa)^	Confirmed evidence of immunity by one documented dose of adult DTPa vaccine within the last 10 years.	☐	Date: (2)	Sign:
Measles, Mumps and Rubella (MMR)^	Confirmed evidence of immunity to Measles AND Mumps AND Rubella.	☐		
	OR			
	Confirmed course of two (2) doses of MMR given at least 28 days apart (both doses given before tick box is selected).	☐	Dose 1: (2) Dose 2:	Sign: Sign:
Varicella zoster virus (VZV) (Chickenpox)^	Confirmed evidence of immunity to VZV	☐	Serology report provided to student ☐ Yes ☐ No	
	OR			
	Confirmed course of two (2) doses of VZV given at least 28 days apart (both doses given before tick box is selected).	☐	Dose 1: (2) Dose 2:	Sign: Sign:
Hepatitis B**	Confirmed evidence of immunity to Hepatitis B with surface protective antibodies of >10 IU/l following primary course.	☐	Final Serology report confirming immunity completed and provided to student ☐ Yes ☐ No	
	OR			
	Confirmed course of three (3) doses of Hepatitis B commenced (booster if required) (serology report to student upon completion).	☐	Dose 1: (2) Dose 2: Dose 3: Booster (if required):	Sign: Sign: Sign: Sign:
Poliomyelitis^	Confirmed evidence of immunity to Poliomyelitis vaccinations or Statutory Declaration confirming have received Polio vaccinations	☐		
	OR			
	Confirmed courses of three (3) doses of polio vaccine given four weeks apart.	☐	Dose 1: (2) Dose 2: Dose 3:	Sign: Sign: Sign:
Hepatitis A* (recommended)	Confirmed evidence of immunity to Hepatitis A	☐	Serology report provided to student ☐ Yes ☐ No	
	OR			
	Confirmed course of two (2) doses of Hepatitis A commenced	☐	Dose 1: Dose 2: (2)	Sign: Sign:

(1) - All boxes in the "Completed" column must be ticked once a student meets the criteria in the "Accepted evidence of immunity" Column

(2) - These boxes are provided for the practitioner to record dates vaccinations are given and sign each date

Medical / Nurse Practitioner Completed Sections (Cont.)

- Your Practitioner must also complete the "Medical / Nurse Practitioner Declaration" section on page 2

Medical / Nurse Practitioner Declaration:		
I confirm that I have assessed the immunisation history and needs of this student and report their immunisation status is as follows:		
COMPLETED Student has completed all vaccination requirements.	**COMMENCED** Student has commenced a vaccination schedule for all required VPD as listed above but has outstanding requirements.	**MEDICAL CONTRAINDICATION** Student has not seroconverted or has a confirmed medical contraindication to vaccination. **Complete page 3 of this form.**
Signed: Date: (1) Practice Stamp or address	Signed: Date: (2) Practice Stamp or address	Signed: Date: (3) Practice Stamp or address

(1) - Practitioner to sign, date and add Practice stamp in this section once immunity is proved to all listed VPD's and all boxes are ticked in the "Completed" column on page 1. By completing this section, the Practitioner is confirming the student has met all immunisation requirements and has immunity to ALL listed VPD's.

(2) - Practitioner to sign, date and add Practice stamp in this section if student has immunity to one or more VPD's, but has commenced vaccine schedule for at least one VPD.

(3) - Practitioner to sign, date and add Practice stamp in this section if student has failed to seroconvert or has a confirmed permanent or temporary medical contraindication to a vaccination. Practitioner to then complete page 3.

- The "Recommended Screenings" box indicates screenings that are strongly recommended for the student to complete as part of their Serological testing. These are not compulsory and not having these marked as complete will not stop the form from being verified.

(1) Recommended Screenings	Serologic screening type and report	Completed (2)	Date of test (as required) (3)
Hepatitis B Surface Antigen	Student screened for Hepatitis B surface antigen and provided test report.	☐	Date:
Hepatitis C	Student screened for Hepatitis C and provided test report.	☐	Date:
HIV	Student screened for HIV and provided test report.	☐	Date:
Tuberculosis (TB)	Student has undergone IGRA blood test to screen for TB	☐	Date:

(1) - List of recommended serological screenings for students to undertake

(2) - Practitioner to tick these boxes when screening completed

(3) - Practitioner to complete with the date the screening was conducted

Incomplete Immunisation Declaration (Page 3)

- This page is to be completed by the practitioner AND student if the student:
  - Has a permanent medical contraindication to receiving a vaccination
  - Has a temporary medical contraindication to receiving a vaccination
  - Has failed to seroconvert after receiving vaccination
- The form must be signed by BOTH the student and practitioner
- Please list which vaccination is affected in the space provided
- If student has a temporary medical contraindication and it is known when they will be able to receive vaccination, please enter this in the space provided

Completed Forms

- Once the Practitioner and Student have completed the relevant sections on pages 1 & 2 and immunity has been shown, please upload your document to InPlace
- Pages 1 & 2 must be combined into one document before being uploaded to InPlace
  - InPlace will override documents if they are uploaded separately
- Documents will be reviewed by Will Health Team staff and will be Verified if all conditions are met, and your form is completed accurately. This may take 3 – 5 days.
- If your form is Rejected, a comment will be left as to why, please read this carefully and action this accordingly.
- Please re-upload your form after each visit to your Practitioner, even if not fully completed, this will allow Will Health Team staff to track your immunisation progress
- Having incomplete immunisations will delay the release of your allocated placement. Adelaide University staff are required to liaise with your allocated site to ensure they are able to accommodate your placement without being fully immunised.
- If forms are suspected of being forged or completed by a non-registered Practitioner, checks will be carried out and the relevant Program Director will be notified. Academic and/or Professional misconduct action may take place as a result of this.