

# IMMUNISATION REPORT

### STUDENT INSTRUCTIONS

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.
- 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 your placement coordinators (Nursing: <u>nursingplacements@waikato.ac.nz</u>, Midwifery: <u>midwiferyplacements@waikato.ac.nz</u>, Pharmacy: <u>pharmacyplacements@waikato.ac.nz</u>)

#### STUDENT DETAILS

Student Name:	
Student ID Number:	
Date of Birth (DD/MM/YYYY):	
NZ Mobile Number:	
Living Address during study:	
Personal Email Address:	

### FOR GP OR HEALTH PROFESSIONAL TO COMPLETE

- 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.
- There are 9 sections to complete. All must be completed in full.

# **Division of Health**



### 1) COVID-19

Documented administration of two doses of COVID-19						
	1 <sup>st</sup> dose	Date	Initial:			
	2 <sup>nd</sup> dose	Date	Initial:			
	Booster		Initial:			
	Boostei	Date	iliitiai.			
COVID-19 Complete (Two doses)	Yes □	Initial:				
COVID-19 Booster Complete (If recommended by NZ	Yes □ N/A □	Initial:				
2) HEPATITIS B						
Haratikia D. Aukinan		T =				
Hepatitis B — Antigen  *if positive, student must inform nursing school & clinician to manage per health pathways	Positive* □	Negative □				
Hepatitis B – Antibody *Continue with vaccination	Immune 🗆	Not immune '	*□			
* If not immune continue per below		•				
Previous full Hep B course of immunisation:	No previous Hep B vaccination:					
1. If not immune administer challenge dose	1. Administer full Hep B course					
Date Initial	1 <sup>st</sup> dose Date Initial 2 <sup>nd</sup> dose Date Initial					
Serology test results (3-4 weeks later)						
Immune ☐ Not immune ☐ (continue with 2 <sup>nd</sup> full	3 <sup>rd</sup> dose DateInitial					
course)	Serology test results (3-4 weeks after completion)					
,	Immune □ Not im					
2. If not immune complete 2nd full course (2 further						
doses)	2. If not immune a	_				
2 <sup>nd</sup> dose Date Initial	Date	Initial				
3 <sup>rd</sup> dose DateInitial	Serology test resul	ts /2 / wooks later	-1			
Serology test results (3-4 weeks later)	Immune  Not im	•	•			
Immune □ Not immune □	course)	mune 🗀 (continue	with zha ran			
	3. If not immune co	omplete 2 <sup>nd</sup> full co	urse			
	(2 further doses)	-				
	2nd dose Date	Initi	al			
	3rd dose Date	Initia	al			
	Serology test resul	ts (3-4 weeks later	·)			
	Immune ☐ Not im	•	,			
Hepatitis B evidence of immunity complete	Date:	Initial:				

# **Division of Health**



## 3) BOOSTRIX (DIPHTHERIA/TETANUS/PERTUSSIS)

Documented evidence in the last 10 years	Date:	Initial:					
Boostrix evidence of immunity complete	Date:	Initial					
MMR (MEASLES/MUMPS/RUBELLA) (NOT APPLICABLE IF BORN BEFORE 1969)							
MMR (not applicable if born before 1969) 1	st dose Date	_ Initial					
Documented dates of two MMR vaccinations 2	<sup>nd</sup> dose Date	_ Initial					
<u>OR</u>							
,	nmune 🗆 Not immune [						
PLIPELLA Laboratory ovidence of immunity	nmune 🏻 Not immune [ nmune 🗘 Not immune [						
"							
'		accination/s and document above  Initial					
MMR evidence of immunity complete Date	÷:	initiai					
5) VARICELLA (CHICKEN POX)							
Diagnosis or verification of a history of varicella zoster by a health professional	Date						
, ,							
<u>OR</u>							
Documented administration of two doses of	1st dose Date	Initial					
Documented administration of two doses of varicella vaccine 1st dose (6 weeks apart)	1st dose Date 2nd dose Date	Initial Initial					
	2nd dose Date	Initial					
varicella vaccine 1st dose (6 weeks apart)  OR  Laboratory evidence of immunity OR laboratory	1st dose Date 2nd dose Date Immune   Not immu	Initial					
varicella vaccine 1st dose (6 weeks apart)  OR	2nd dose Date Immune □ Not immu If not immune admini	Initial					
varicella vaccine 1st dose (6 weeks apart)  OR  Laboratory evidence of immunity OR laboratory	2nd dose Date	Initial					

## **Division of Health**



## 6) TUBERCULOSIS (TB)

QuantiFERON-TB Plus Gold test result	Negative □ Positive □		
		FERON Gold – GP re	eferral to Respiratory Clinic
			nt the student must provide
		tating student is sy	<del>-</del>
		3	•
TB Screening complete	D	ate:	Initial
7) SKIN INTEGRITY			
Lower arms and hands— Health Practitione	ars Competence		
Assurance Act 2003, 45 Subsection (5)	ers competence	Voc* □ Dato	Initial
Assurance Act 2003, 43 Subsection (3)		Yes* □ Date	
Does the student have any current skin co	anditions, and/or	No □ Date	
history of contact dermatitis, eczema or p		†ij yes, piease n below	ote recommended action
not allow frequent contact with water, so	•	below	
cleaning chemicals?			
Skin Integrity exam complete		Date:	Initial
8) NOTES			
•	ulto and lon funth on	ations nonvinad.	
Please add notes on any non-standard res	uits ana/or jurtner d	ctions requirea:	
9) RECOGNITION OF FORM COMP	LETION		
,			
The health professional hereby declares t			
Details and MCNZ No. of the GP or Health		dical Dractice nor	/
	n Professional   Me	dicai Practice nar	ne/address/stamp:
and NCNZ No who is completing this decl		dical Practice nar	ne/address/stamp:
Name:		dicai Practice nar	ne/address/stamp:
		dical Practice har	ne/address/stamp:
		dical Practice har	ne/address/stamp:
Name:		dical Practice flar	ne/address/stamp:
Name:		dical Practice har	ne/address/stamp:

**Note:** Students may be required to provide evidence of an annual Influenza vaccination during the declared influenza seasons when undertaking clinical placement.