

Tasmanian STUDENT IMMUNISATION RECORD
PERSONAL DETAILS (Please print)

Surname:		Given Names:	
Address:			
Post Code:	State:	Mobile:	
Date of Birth:		Student ID:	

Student Declaration:

I agree to have my immunisation records documented in this UTas Tasmanian Immunisation Record and I will produce this Immunisation Record for sighting by PEP agencies if/when required.

Signature: Date:

Vaccine (Mandatory)	Date of administration and/or serology	Batch Number	Vaccination provided by or evidence sighted by - signature required AND name OR practice stamp required
Adult formulation: diphtheria, tetanus, acellular pertussis (whooping cough) vaccine (ADULT dose of dTpa)			
Dose 1			
Booster (every 10 years)			
Hepatitis B Vaccine (age appropriate course of vaccinations AND hepatitis B surface antibody \geq 10mIU/mL OR hepatitis B core antibody positive)			
Dose 1			
Dose 2			
Dose 3			
AND			
Serology: anti-HBs (4-6 weeks after 3 rd dose)		Result	ml/IUmL
		Result	ml/IUmL
OR Serology: anti-HBc		Positive (please circle)	
Measles, Mumps, Rubella (MMR) vaccine (2 doses MMR vaccine at least 1 month apart OR positive serology for measles and mumps AND numerical titre level for rubella only OR born before 1966)			
Dose 1			
Dose 2			
OR			
Serology Measles		IgG result	
Serology Mumps		IgG result	
Serology Rubella		ml/IUmL result	
Varicella vaccine (age appropriate course of vaccination OR positive serology)			
Dose 1			
Dose 2			
OR Serology Varicella		IgG result	
Influenza vaccine (required annually two weeks prior to June 1)			
The Safety in Practice Influenza Vaccination form can be accessed at: http://www.utas.edu.au/_data/assets/pdf_file/0013/1170103/Safety-in-Practice-Influenza-Vaccination-Form.pdf			

TB QUESTIONNAIRE- (MANDATORY)		Date		Signature required AND name OR practice stamp required
Complete all questions				Assessed by Health Care Provider
History of BCG vaccination?		Yes	No	
Was the student born in a country with a high incidence of TB?		Yes	No <i>If yes, where was the student born?</i>	
Has the student lived in or travelled to a country with a high incidence of TB? (for a combined period of 3 months or more)		Yes	No	
To view countries of high TB incidence please go to: http://www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf				
Has the student been in physical contact with a person known to have TB?		Yes	No	
If the answer to any of the above is yes, this student DOES require TB screening.		<i>Refer the student to the Respiratory Clinic at the RHH or LGH to complete a Mantoux test.</i>		
TB Screening (If Required) Tuberculin Skin Test (Mantoux)	Date			Given by - Signature required AND name OR practice stamp required
Skin Test				
Reading		Induration	mm	
Skin Test				
Reading		Induration	mm	
BLOOD BORNE VIRUS TESTING- MANDATORY To determine infectivity status ONLY DO NOT RECORD RESULTS				Evidence sighted by Health Care Provider – signature required AND name OR practice stamp
Human Immunodeficiency Virus (HIV)				
HIV antibody test	Yes (please circle)	Date of Serology:		
Hepatitis B Virus (HBV)				
HBsAg Test If positive further testing to determine the degree of infectivity: HBeAg & HBV DNA	Yes (please circle)	Date of Serology:		
Hepatitis C Virus (HCV)				
HCV antibody test If HCV antibody positive, further testing for HCV RNA	Yes (please circle)	Date of Serology:		
HEALTH CARE PROVIDER DECLARATION (if applicable)				
<p>Please tick and sign box below (if applicable)</p> <ul style="list-style-type: none"> If the student has had a positive result for a blood borne virus or TB, I have arranged further testing, advice and treatment. <input type="checkbox"/> If the student has a blood-borne virus or has/had tuberculosis or has a medical contraindication to a vaccination or is a documented non-responder to a vaccination, a Safety in Practice Immunisation Variation form must be completed. The Safety in Practice Immunisation Variation form can be accessed at: http://www.utas.edu.au/data/assets/pdf_file/0008/782342/Safety-in-Practice-Immunisation-Variation-Form.pdf <p>I have completed and returned the Safety in Practice Immunisation Variation Form to the student to submit to their Program PEP Coordinator/Administrator. <input type="checkbox"/></p>				
Health Care Provider:				
Name: Provider Number:				
Signature: Date:				