

# IMMUNISATION EVIDENCE CHECKLIST/ LICENCING AND SCREENING CONSENT



I ..... (insert name) a student in the Diploma of Nursing (Enrolled / Division 2 nursing) with RDNS Your Health & Learning hereby understand that I am responsible for my own occupational, health and safety requirements while on clinical placement.

I agree to operate within the agreed guidelines in consideration of the provision of training by RDNS Your Health and Learning, in association with the **Royal District Nursing Service of SA Inc.**

I hereby release and agree to indemnify those parties and each of them from and against any actions, claims or liability made against or incurred by them or either of them in the event of my being injured, or contracting any illness, whilst participating in the Royal District Nursing Service Enrolled Nursing Course, **in circumstances where neither RDNS Your Health and Learning is covered by insurance.**

I hereby accept responsibility to provide my Informed Consent Form for the Screening and Licensing Branch of the Department of Families and Communities on commencement of my program to facilitate the screening process and timely allocation of clinical placements. I also authorise that these details are provided to any clinical placement, upon request, that I attend during my studies with Royal District Nursing Service.

RDNS Your Health & Learning has provided me with a list of recommended vaccinations for health-care workers. I agree that it is my responsibility to ensure I receive the appropriate vaccinations and maintain personal records of my vaccination status.

I understand:

- I may be required to provide evidence of my vaccination status to relevant health care organisations when undertaking clinical placement.
- that clinical placement facilities may refuse to accept students whose vaccination status does not comply with accepted standards or who cannot provide appropriate evidence.

Student name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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The vaccinations listed below are recommended for all Healthcare Workers (*NHMRC, The Australian Immunisation Handbook 2008*). To enable RDNS Your Health and Learning to assess your vaccination status, to increase immunisation awareness and to update records, please complete the following survey.

*All information provided in this checklist will be treated confidentially and this information will be stored securely in accordance with the Commonwealth Privacy Act (1988).*

Name: .....
Contact Number: .....
Email: .....
Diploma Group: .....

If unsure of the date please enter the approximate year. It is essential that documented evidence is attached to this form, prior to commencement in the program.

<p><b>1. Influenza</b></p> <p>Have you had a vaccination for influenza virus in the past year?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Documented evidence attached	<p><b>1.</b> Date: .....</p>
<p><b>2. Hepatitis B</b></p> <p>It is a requirement of SA Health that all students involved in patient care must have evidence of Hepatitis B immunisation. If you are not immunized, <b>Hepatitis B Vaccinations (a series of three injections) need to be completed prior to your first clinical placement.</b></p> <p>Have you received a Hepatitis B vaccine course? (3 injections + a blood test)</p> <p>*Do you have a blood test result for Hepatitis B antibodies/serology? (*Hepatitis B surface antibodies &gt; 0 r=10mIU/mL)</p> <p><b>OR</b></p> <p>Documented evidence of past hepatitis B infection (anti-HBc)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Documented evidence attached  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Documented evidence attached	<p><b>2.</b> Date: .....</p> <p>Date: .....</p> <p>Result: .....</p>

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<p><b>3. Pertussis (Whooping Cough)</b> One documented dose of adult dTpa vaccine (diphtheria, tetanus, pertussis) <i>Note: Pre-and post-vaccination serological testing for diphtheria, tetanus, and pertussis is not recommended and should not be undertaken</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Documented evidence attached	<p><b>3.</b> Date: .....</p>
<p><b>4. Varicella zoster (Chicken Pox)</b> Have you ever had Chicken Pox/vaccination?  ***Documented evidence can be of a positive varicella IgG; OR Of age appropriate varicella vaccination (adults require 2 vaccinations).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Documented evidence attached	<p><b>4.</b> Date: ..... Result: .....</p>
<p><b>5. Measles</b> Have you ever had measles/vaccination?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Documented evidence attached	<p><b>5.</b> Date: .....</p>
<p><b>6. Mumps</b> Have you ever had mumps/vaccination?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Documented evidence attached	<p><b>6.</b> Date: .....</p>
<p><b>7. Rubella (German Measles)</b> Have you ever had rubella/vaccination?  **Documented evidence can be of 2 doses of MMR (Measles, Mumps, Rubella) vaccine at least one month apart; OR A positive IgG (blood test) for measles, mumps and rubella</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Documented evidence attached	<p><b>7.</b> Date: .....  Result:.....</p>

This information is true and accurate to the best of my knowledge at time of completing document.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form at your orientation with RDNS Your Health and Learning**

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