



# Faculty of Health Sciences

## Student Serology and Immunisation Form

This information accompanies to the [Curtin Student Serology and Immunisation Form](#). Please read all of the information carefully. Print out the form and bring with you to all GP appointments for vaccinations or serological testing.

### Instructions for students:

As part of the inherent requirements for clinical placements in health sciences, it is necessary for students to undertake health screening to better protect them from contracting infections in clinical placements and to protect colleagues and patients.

Health screening includes proof of immunisation against infectious diseases (most immunisations are given to children) or proof of immunity to infectious diseases. For some degrees it is necessary to screen for certain viral infections so that they can be effectively managed in accordance with national guidelines.

The process of health screening may take 1 week to confirm immunity, or it may take 6 months for students who need full courses of immunisations.

To reduce the likelihood of your health screening process taking many months please follow these steps.

1. Print the [Curtin Student Serology and Immunisation Form](#), **complete your details on all pages.**
2. Collect as much evidence of all immunisations you have available. This includes childhood vaccinations in your “baby book” through to your most recent COVID-19 or travel vaccinations. This is especially important for students whose immunisation information is not available on the Australian Immunisation Register.
3. Present to your preferred General Practitioner with the printed form as soon as possible. You have the choice of attending the Curtin University Health Service or a local Australian general practitioner. If your GP does not regularly deal with screening of health science students, there are instructions for them to follow on each form.
4. You will be required to have some blood tests done. Because these are being done for health screening they may not be covered by Medicare. Students who have Overseas Student Health Cover will usually be expected to pay for the blood tests and then claim it back from their health insurer. The QuantiFERON test is not covered by Medicare or OSHC. At the time of writing, this test cost \$75.
5. You will need to follow up the results of blood tests with your GP, so make an appointment to follow up when you get the blood tests done.
6. Please make sure GP is entering their full name, stamp, and signature against each entry.
7. Based on the results of your blood tests, you may require new immunisations. They are not covered by Medicare (except on a few occasions when receiving catch up vaccinations before age 20) and usually not covered by your OSHC.
8. Once your blood tests results are back, your required vaccinations administered, the “Student Serology Form” must be submitted to SONIA. You are responsible for uploading the form to Sonia.

Keep an eye on the SONIA mandatory requirements as some vaccinations may expire and there is a general requirement for annual influenza immunisations.

Please book an appointment with your GP or Curtin Health Service to discuss your requirements. This form will provide your GP with the information required to arrange tests and immunisations to meet Department of Health WA obligations.

# Student Serology and Immunisation Form

Personal Details (Please print on each page prior to uploading to Sonia)

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Surname	
Given Names	
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Complete all fields above – the form will not be accepted at the Curtin Clinic or in SONIA if the above is not complete	

It is **your own responsibility to retain copies of your Immunisation and Serology records.**

## Diphtheria, tetanus, acellular pertussis (dTpa – one adult dose in last ten years) – Instructions for GP

- **Yes:** enter details, date, sign, and stamp.
- **No:** administer dTpa vaccination, enter details, date, sign, and stamp

Vaccine	Date	Batch No. (where possible) or Brand name	Official Certification sighted / confirmed (clinic/ practice stamp, full name, and signature next to each entry)
Dose 1:	Date: __/__/__  Dr Name: _____  Sign _____		OFFICIAL CLINIC/ PRACTICE STAMP with provider number
Vaccine Booster: (10 years after previous dose)	Date: __/__/__  Sign _____		Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).

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<b>Hepatitis B – Instructions for GP</b>			
<b>1. Perform Serology Hepatitis B surface antibody</b>			
HBSAb Serology Result	Date  _/_/___	mIU/mL: _____  Immune: <input type="checkbox"/> Not Immune: <input type="checkbox"/>	Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).
<p><b>2.</b> &gt;10 = immune. Enter details above, date, sign and stamp.</p> <p><b>3.</b> &lt;10 =not immune. Enter details above, date, sign and stamp.</p> <p>a. Does the student have evidence of age-appropriate course of hepatitis B immunisations tick to confirm if yes and proceed to step 5 <input type="checkbox"/></p> <p>b. If no to the above, undertake a complete course of immunisations as per <i>Australian Immunisation Handbook</i>. (HBsAg recommended prior to immunisation, required for Oral Health Therapy students) Repeat serology 4-8 weeks after last injection.</p>			
Adult Hepatitis B Dose 1	Adult Hepatitis B Dose 2	Adult Hepatitis B Dose 3	
Date: _/_/___	Date: _/_/___	Date: _/_/___	
Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).	Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).	Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).	
<b>4. Repeat Serology Hepatitis B surface antibody</b>			
HBSAb Serology Result	Date  _/_/___	mIU/mL: _____  Immune: <input type="checkbox"/> Not Immune: <input type="checkbox"/>	Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).
<p><b>5.</b> If immunity is not achieved following course of immunisations, administer a booster dose of adult Hepatitis B vaccination, and repeat serology 4-8 weeks after last injection. If the result is still not immune, repeat booster and serology 4-8 weeks after last injection. A third booster may be required. <b><u>If you do not develop a protective level of immunity, please speak to your Fieldwork Officer for further required action.</u></b></p>			
Booster Dose 1	Serology Hepatitis B surface antibody	Booster Dose 2	Serology Hepatitis B surface antibody
Date: _/_/___	mIU/mL: _____  Immune: <input type="checkbox"/> Not Immune: <input type="checkbox"/>	Date: _/_/___	mIU/mL: _____  Immune: <input type="checkbox"/> Not Immune: <input type="checkbox"/>
Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).	Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).	Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).	Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).

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## Measles, Mumps and Rubella (MMR) Vaccine – Instructions for GP

1. Proof of 2 measles, mumps and rubella vaccinations, record details, sign, stamp, and date.
2. If no evidence of 2 vaccinations either:
  - a. Administer MMR vaccinations to a total of 2 doses in the student’s lifetime, **or**
  - b. Test measles, mumps, and rubella IgG serology.
    - i. Immune to MMR. Enter details, sign stamp and date.
    - ii. Not immune to MMR. Administer MMR vaccinations to a total of 2 doses in the student’s lifetime.

Measles, Mumps and Rubella (MMR) Dose 1  Date: __/__/__	Measles, Mumps and Rubella (MMR) Dose 2  Date: __/__/__
Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry)	Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).

### OR

Serology Measles	Date  __/__/__	Detected: <input type="checkbox"/>  Not Detected: <input type="checkbox"/>	Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).
Serology Mumps	Date  __/__/__	Detected: <input type="checkbox"/>  Not Detected: <input type="checkbox"/>	Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).
Serology Rubella	Date  __/__/__	Result mIU/mL:  Immune: <input type="checkbox"/>  Not Immune: <input type="checkbox"/>	Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).

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**Varicella vaccine – Instructions for GP**

1. Proof of 2 varicella vaccinations, record details, sign, stamp, and date.
2. No evidence of 2 vaccinations either:
  - a. Administer varicella vaccinations to a total of 2 doses in the student’s lifetime, **or**
  - b. Test varicella rubella IgG serology.
    - i. Immune to varicella - enter details, sign, stamp, and date.
    - ii. Not immune to varicella. Administer varicella vaccinations to a total of 2 doses in the student’s lifetime. Enter details, sign, stamp, and date.

<p>Varicella Dose 1</p> <p>Date: __/__/__</p>	<p>Varicella Dose 2</p> <p>Date: __/__/__</p>
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<p>Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).</p>	<p>Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).</p>
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**OR**

<p>Serology Varicella</p>	<p>Date</p> <p>__/__/__</p>	<p>IgG Result: _____</p> <p>Immune: <input type="checkbox"/></p> <p>Not Immune: <input type="checkbox"/></p>	<p>Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).</p>
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## Tuberculosis Screening – Instructions for GP

1. Proof of negative QuantiFERON gold OR Mantoux test result.

**Yes:** enter details, sign, stamp, and date.

**No:** request QuantiFERON Gold test.

Negative: Enter details, sign stamp and date.

**Positive: refer to Public Health Department, Anita Clayton Centre. Enter details, sign, stamp, and date.**

\*Please note: A positive or indeterminate test does not affect ability to attend clinical placement.

QuantiFERON Gold	Date  _/_/___	TB Interpretation:	Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).
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**OR**

Mantoux Test	Date  _/_/___	Result:	Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).
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## Recommended Vaccinations

### COVID-19 Vaccinations:

While WA’s mandatory COVID-19 vaccination policy no longer applies, individual employers, workplaces and certain professions may require their employees and visitors to be vaccinated against COVID-19. Please check Sonia to confirm if this is required for your placement.

Evidence of COVID-19 vaccination must be provided using the following forms of evidence:

- Medicare Australian Immunisation Register (AIR)
- COVID-19 Digital Certificate

COVID-19 Vaccinations:		
COVID-19 Dose 1	COVID-19 Dose 2	COVID-19 Dose 3
Date: __/__/__	Date: __/__/__	Date: __/__/__
AIR Statement or COVID-19 digital certificate uploaded to Sonia: <input type="checkbox"/>	AIR Statement or COVID-19 digital certificate uploaded to Sonia: <input type="checkbox"/>	AIR Statement or COVID-19 digital certificate uploaded to Sonia: <input type="checkbox"/>

### Influenza Vaccinations:

Annual influenza vaccination is strongly recommended for all health care workers and mandatory for Category A workers and students. Please check Sonia to confirm if this is required for your placement.

Evidence of the annual influenza must be provided using the following forms of evidence:

- Medicare Australian Immunisation Register (AIR)
- Pharmacy or GP letter with full details signed and stamped by the vaccination provider.

Influenza Vaccinations:		
Influenza Vaccination	Influenza Vaccination	Influenza Vaccination
Date: __/__/__	Date: __/__/__	Date: __/__/__
AIR Statement or proof of vaccination letter uploaded to Sonia: <input type="checkbox"/>	AIR Statement or proof of vaccination letter uploaded to Sonia: <input type="checkbox"/>	AIR Statement or proof of vaccination letter uploaded to Sonia: <input type="checkbox"/>

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**!** The following checks are only required for specific students and / or specific placements. Please review Sonia carefully to check if any of these are applicable to you.

<b>HIV Serology</b> (only required by Medicine and Oral Health Therapy students) Confirm that testing has been undertaken, results received, and students counselled appropriately regarding results. Date, sign, and stamp.		
HIV Serology	Date ____/____/____	Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).
<b>Hepatitis C antibody</b> (only required by Medicine and Oral Health Therapy students) Confirm that testing has been undertaken, results received, and students counselled appropriately regarding results. Date, sign, and stamp.		
Hepatitis C antibody	Date ____/____/____	Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).

<b>Hepatitis B Surface antigen</b> (only required by Oral Health Therapy students) Confirm that testing has been undertaken, results received, and students counselled appropriately regarding results. Date, sign, and stamp.		
Hepatitis B Surface Antigen	Date ____/____/____	Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).

Students who test positive for any of these bloodborne viruses should be managed according to the CDNA National Guidelines for Healthcare Workers on Managing Bloodborne Viruses. It is not a requirement for a GP to disclose the student's status unless they are not complying with treatment.



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**!** The following check is only required for specific students and / or specific placements. Please review Sonia carefully to check if this is applicable to you.

<p><b>Hepatitis A</b> (Required by all Paramedicine students and any students undertaking placement in remote Aboriginal communities in Western Australia).</p> <ol style="list-style-type: none"> <li>1. Proof of 2 Hepatitis A immunisations, record details, sign, stamp, and date.</li> <li>2. No evidence of 2 vaccinations either:             <ol style="list-style-type: none"> <li>a. Administer Hepatitis A vaccinations to a total of 2 doses in the student’s lifetime,                 <p style="text-align: center;"><b>or</b></p> </li> <li>b. Test Hepatitis A IgG serology.                 <ol style="list-style-type: none"> <li>i. Immune to Hepatitis A, record details, sign, stamp, and date.</li> <li>ii. Not Immune to Hepatitis A, administer Hepatitis A vaccinations to a total of 2 doses in the student’s lifetime. record details, sign, stamp, and date.</li> </ol> </li> </ol> </li> </ol>			
<p>Hepatitis A Dose 1</p> <p>Date: __/__/__</p>		<p>Hepatitis A Dose 2</p> <p>Date: __/__/__</p>	
<p>Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).</p>		<p>Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).</p>	
<b>OR</b>			
<p>Hepatitis A IgG Serology</p>	<p>Date</p> <p>__/__/__</p>	<p>Detected: <input type="checkbox"/></p> <p>Not Detected: <input type="checkbox"/></p>	<p>Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).</p>

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**!** You may be asked to complete an electronic MRSA Student Screening Form in Sonia. If a swab test is required, then provide this form to the GP and have your results recorded below. Please upload the result to your MRSA Screening check in Sonia.

<p><b>MRSA Screening</b> (only required if the student has worked in and/or been a patient in a clinical setting or hospital outside Western Australia in the last 12 months)</p> <p><b>If MRSA is isolated student should undergo decolonisation treatment as per the protocol in the WA Health Guidelines. Repeat screening swabs 1 week after treatment then after 4, 8 and 12 weeks. If MRSA colonisation persists, refer to infectious disease specialist.</b></p>			
MRSA Screening	Date __/__/__	Result: Isolated: <input type="checkbox"/> Not Isolated: <input type="checkbox"/>	Official Certification sighted / confirmed by vaccination provider (clinic/ practice stamp, full name, and signature next to each entry).
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