

Finding UniSA Immunisation Compliance Form

- ❖ Open Mozilla Firefox or Google Chrome and follow this link: [UniSA Clinical Placement Unit](#)
- ❖ From the UniSA Clinical Placement Unit homepage
 - Scroll down until you reach the “Key requirements prior to undertaking placement” section
 - Click on the “Immunisation & TB Screenings” tab

Key requirements prior to undertaking placement

All students must meet the pre-placement conditional evidence requirements outlined in their student checklist to proceed to placement. If you do not meet the full requirements listed, you WILL NOT be able to proceed to placement and progress through your program may be delayed.



Professional Placement Student Declaration and Criminal History Check (CHC)

All students will be required to have a National Police Certificate (NPC) through SAPOL (or their home state police service).



Department of Human Services (DHS) screening check

All students undertaking a placement in South Australia are required to hold a current Department of Human Services (DHS) screening check.



Provide First Aid & Annual CPR Updates

For the majority of programs and courses **Provide First Aid** training and annual **Cardiopulmonary Resuscitation (CPR)** updates are compulsory requirements to attend clinical placement, please refer to your student checklist to determine your requirements.



Immunisation & TB Screenings

In order to progress to clinical placement you must be screened and provide evidence of your immunisation status. Immunisation is a mandatory requirement across all healthcare placement providers.

- ❖ This page has information regarding your Immunisation requirements, Covid-19 vaccination requirements, Flu vaccination requirements and Tuberculosis screening requirements
- ❖ Click on the button labelled “Download Immunisation Compliance Form”

Immunisation

Immunisation is a mandatory requirement across all healthcare placement providers. In order to progress to clinical placement, you must be screened and provide evidence of your immunisation status. Non-compliance with the Health Care Workers Immunisation Policy will prevent you from progressing to clinical placement.

Immunisation guidelines

The SA Health Policy for Health Care Workers Addressing Vaccine-preventable Disease: Occupational Assessment, Screening and Vaccination (2022) defines the minimum standards required to minimise the risk of transmission of vaccine-preventable diseases.

[Download the policy](#)

Immunisation requirements for UniSA placement

UniSA's Immunisation Requirements for Placement package provides details of the required immunisations.

[Download Immunisation User Guide](#)

[Download Immunisation Compliance Form](#)

Completing UniSA Immunisation Compliance Form

- ❖ 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**

Tuberculosis Screening: Link to Questionnaire	
Students must complete the SA Health Online Tuberculosis Screening Questionnaire . It is recommended students complete this prior to receiving vaccinations as are unable to complete a TB Screening within 4 weeks of having a live vaccination.	
<ul style="list-style-type: none"> • I have completed the online questionnaire and have been assessed as low risk and do not require a follow-up appointment 	<input type="checkbox"/>
Tick which option applies to your results	
<ul style="list-style-type: none"> • I have completed the online questionnaire; I was assessed as high risk and have received follow-up with SA Health TB Services and received clearance for placement 	<input type="checkbox"/>

- ❖ Complete the Student Declaration section by ticking the 4 boxes on the right, entering student details and signing form

Student Declaration of Compliance:	
<ul style="list-style-type: none"> • I have read and understand the requirements of the Addressing vaccine preventable disease: Occupational assessment, screening, and vaccination, and understand that if I am non-compliant with evidence of immunisations that I will not proceed to clinical placement. • I understand that I may be required to produce my immunisation records (Compliance Form, vaccination records and or serology reports) for sighting by clinical placement venues in accordance with these directives. • I understand that I must adhere to undergoing COVID-19 and annual influenza vaccinations and provide evidence of same in InPlace. • I declare that the information provided in this form is true and correct and is the original copy. I understand that the University of South Australia will initiate disciplinary proceedings according to institutional protocols if there is evidence that I have provided which is incorrect, misleading, fraudulent, or false. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Student name: _____ Student ID: _____ Program Completing: _____ Signature: _____ Date: _____	

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: _____		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.	<input type="checkbox"/>	Date: ② / Sign:
Measles, Mumps and Rubella (MMR) [^]	Confirmed evidence of immunity to Measles AND Mumps AND Rubella.	<input type="checkbox"/>	Sign:
	OR Confirmed course of two (2) doses of MMR given at least 28 days apart (both doses given before tick box is selected).	<input type="checkbox"/>	Dose 1: ② / Sign: Dose 2: ② / Sign:
Varicella zoster virus (VZV) (Chickenpox) [^]	Confirmed evidence of immunity to VZV	<input type="checkbox"/>	Serology report provided to student <input type="checkbox"/> Yes <input type="checkbox"/> No
	OR Confirmed course of two (2) doses of VZV given at least 28 days apart (both doses given before tick box is selected).	<input type="checkbox"/>	Dose 1: ② / Sign: Dose 2: ② / Sign:
Hepatitis B ^{**}	Confirmed evidence of immunity to Hepatitis B with surface protective antibodies of >10 IU/l following primary course.	<input type="checkbox"/>	Final Serology report confirming immunity completed and provided to student <input type="checkbox"/> Yes <input type="checkbox"/> No
	OR Confirmed course of three (3) doses of Hepatitis B commenced (booster if required) (serology report to student upon completion).	<input type="checkbox"/>	Dose 1: ② / Sign: Dose 2: ② / Sign: Dose 3: ② / Sign: Booster (if required): Sign:
Polio myelitis [^]	Confirmed evidence of immunity to Polio myelitis vaccinations <u>or</u> Statutory Declaration confirming have received Polio vaccinations	<input type="checkbox"/>	Sign:
	OR Confirmed courses of three (3) doses of polio vaccine given four weeks apart.	<input type="checkbox"/>	Dose 1: ② / Sign: Dose 2: ② / Sign: Dose 3: ② / Sign:
Hepatitis A [*] (recommended)	Confirmed evidence of immunity to Hepatitis A	<input type="checkbox"/>	Serology report provided to student <input type="checkbox"/> Yes <input type="checkbox"/> No
	OR Confirmed course of two (2) doses of Hepatitis A commenced	<input type="checkbox"/>	Dose 1: ② / Sign: Dose 2: ② / 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:		
<p style="text-align: center;">COMPLETED</p> <p style="text-align: center;">Student has completed all vaccination requirements.</p> <p>Signed:</p> <p>Date: 1</p> <p style="text-align: center;">Practice Stamp or address</p>	<p style="text-align: center;">COMMENCED</p> <p style="text-align: center;">Student has commenced a vaccination schedule for all required VPD as listed above but has outstanding requirements.</p> <p>Signed:</p> <p>Date: 2</p> <p style="text-align: center;">Practice Stamp or address</p>	<p style="text-align: center;">MEDICAL CONTRAINDICATION</p> <p style="text-align: center;">Student has not seroconverted or has a confirmed medical contraindication to vaccination. Complete page 3 of this form.</p> <p>Signed:</p> <p>Date: 3</p> <p style="text-align: center;">Practice Stamp or address</p>

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.

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 Clinical Placement Unit 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 CPU staff to track your immunisation progress
- ❖ Having incomplete immunisations will delay the release of your allocated placement. UniSA 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.