

Student Screening and Immunisation Form



Curtin University

Student Name		Curtin University Health Service Building 109 Bentley Campus Appointments: 9266 7345 www.healthservices.curtin.edu.au
Date of Birth		
Course of Study		
Student Number		

Please copy this form for your personal record

Vaccine	Date	Batch Number	Official certification by vaccination provider (Clinic stamp and signature)
---------	------	--------------	--

Adult formulation diphtheria, tetanus, acellular pertussis (dTpa - one adult dose of vaccine)

Dose 1			

Hepatitis B vaccine (Age appropriate course of vaccinations AND post vaccination serology)

Dose 1			
Dose 2			
Dose 3			

and

Serology Hepatitis B antibody		Result:	
-------------------------------	--	---------	--

Students who are HBsAg positive must receive appropriate occupational counselling

Those who do not seroconvert after an age appropriate course of vaccine should be managed in accordance with recommendations in the Australian Immunisation Handbook 10th Edition

Dose 4			
Dose 5			

Serology Hepatitis B antibody		Result:	
-------------------------------	--	---------	--

Measles/Mumps/Rubella vaccine 2 doses OR positive serology for measles, mumps and rubella

Dose 1			
Dose 2			

OR

Serology measles		Result:	
------------------	--	---------	--

Serology mumps		Result:	
----------------	--	---------	--

Serology Rubella		Result:	
------------------	--	---------	--

Varicella (chicken pox) vaccine age appropriate course OR positive serology for varicella

Dose 1			
Dose 2			

OR

Serology varicella		Result:	
--------------------	--	---------	--

Please include batch numbers. Express results as numerical values or immune/not immune as appropriate
Enquiries regarding WA Year 7 school vaccine records can be made by emailing SBIP@health.wa.gov.au

Student Screening and Immunisation Form



Curtin University

Student Name	
Date of Birth	

Influenza vaccine (annually)			
Vaccine	Date	Batch Number	Signature

TB Screening			
Quantiferon gold		Result:	

OR

Mantoux Test		Result:	
--------------	--	---------	--

If positive or indeterminate make an appointment to see your GP for referral to the WA TB Control Program.
A positive or indeterminate test does not affect ability to attend clinical placement.

MRSA Screening	
1. Have you worked in a clinical setting outside Western Australia in the last 12 months?	YES/NO
2. Have you been a patient in a hospital outside Western Australia in the last 12 months?	YES/NO

IF YOU ANSWER 'YES' TO EITHER QUESTION, YOU WILL REQUIRE AN MRSA SWAB TEST

Date:	Result:	Isolated/Not Isolated
If MRSA is isolated make an appointment to see your GP for management under WA Health Guidelines		

Vaccine	Date	Batch Number	Official Certification by vaccination provider (Clinic Stamp and Signature)
Hepatitis A (paramedicine students only) 2 doses or positive serology			
Dose 1			
Dose 2			

OR

Hepatitis A IgG		Result:	
-----------------	--	---------	--

CURTIN MEDICAL SCHOOL STUDENTS ONLY		
Additional Screening	Date	Official Certification by screening provider (Clinic Stamp and Signature)
HIV		
Hepatitis C		

Screening Providers: Please note any students who are HIV or Hepatitis C positive must receive appropriate occupational counselling by a medical practitioner.