



Statement on Compliance with Faculty of Medicine, Dentistry, and Health Sciences vaccination requirements and Infection Control Guidelines

To be returned to the Faculty of Medicine, Dentistry, and Health Sciences as soon as possible

Student name:	DOB:
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I, Dr _____ report that the student's immunisation status is now as follows:

Hepatitis B	
<input type="checkbox"/> The student has HBsAb antibody titres ≥ 10 mIU/mL	Date checked/...../.....
<input type="checkbox"/> or , a course of immunisation has been commenced	
Date 1st dose/...../..... Date 2nd dose/...../.....	Date 3rd dose/...../.....
...../...../.....	
Hepatitis C	
<input type="checkbox"/> Hepatitis C antibody has been performed and result discussed with Infection Control Officer if necessary	Date checked/...../.....
HIV	
<input type="checkbox"/> HIV antibody has been performed and the result discussed with Infection Control Officer if necessary	Date checked/...../.....
Measles, mumps, rubella	
<input type="checkbox"/> The student has documented immunity to measles, mumps, and rubella.	
Dates measles serology/...../..... Mumps serology/...../..... Rubella serology/...../.....	
<input type="checkbox"/> or documented immunisation with 2 doses of MMR	Date completed/...../.....
<input type="checkbox"/> or a booster dose of MMR vaccination was administered	Date MMR given/...../.....
Varicella	
<input type="checkbox"/> The student has documented immunity to Varicella	Date checked/...../.....
<input type="checkbox"/> or varicella vaccination (2 doses) was administered	Date completed/...../.....
Tuberculosis	
<input type="checkbox"/> Quantiferon/Tuberculin skin test has been performed and result discussed with Infection Control Officer if necessary	Date QFN/TST/...../.....
Pertussis	
<input type="checkbox"/> The student received a DTP course as a child and has received a Pertussis booster within past 10 yrs	Date booster/...../.....
<input type="checkbox"/> or a pertussis booster vaccination was administered	Date booster/...../.....

