

## **Pre-enrolment Officer**

**Faculty of Medicine, Dentistry & Health Sciences** M501, The University of Western Australia 35 Stirling Highway, Crawley WA 6009

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## 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:		
I, Dr report that the student's immunisation status is now as follows:				
	Hepatitis B			
	The student has HBsAb antibody titres ≥10mIU/mL	Date check	ed/	
	<u>or</u> , a course of immunisation has been commenced			
	Date 1st dose/ Date 2nd dose	Date 3rd do	ose/	
	/			
	Hepatitis C			
	Hepatitis C antibody has been performed and result discussed with Infection Control Officer if necessary	Date check	ed/	
	HIV			
	HIV antibody has been performed and the result discussed with Infection Control Officer if necessary	Date check	ed/	
	Measles, mumps, rubella			
	The student has documented immunity to measles, mumps, and rubella.			
	Dates measles serology/ Mumps serology/ Rubella serology			
	/			
	or documented immunisation with 2 doses of MMR	Date comp	leted/	
	<u>or</u> a booster dose of MMR vaccination was administered	Date MMR	given/	
	Varicella			
	The student has documented immunity to Varicella	Date check	ed/	
	$\underline{\textbf{or}}$ varicella vaccination (2 doses) was administered	Date comp	leted/	
	Tuberculosis			
	Quantiferon/Tuberculin skin test has been performed and result discussed with Infection Control Officer if necessary	Date QFN/	rst/	
	Pertussis			
	The student received a DTP course as a child and has received a Pertussis booster within past 10 yrs or a pertussis booster vaccination was administered		er/	

	MRSA				
	MRSA swabs have been performed if the student has	Date swabs//			
	worked in or been a patient in a health care institution outside of WA within the past 12 months.				
	Influenza				
	Yearly Influenza vaccination has been recommended	Date recommended//			
		Date recommended,			
Additional information as required:					
GP S	gnature	GP Practice stamp			
Date					
Stud	ent Declaration:				
0 00.0.					
I have read and understood The University of Western Australia, Faculty of Medicine,					
Dent	istry, and Health Sciences Infection Control Guidelines	s and Vaccination requirements.			
I agree to comply with the guidelines and requirements, including testing for blood borne					
_	viruses (required for Medicine, Dental, Nursing, and Podiatry students). Students				
requesting exemption must do so in writing.					
I agree that if any test(s) for a blood borne virus is positive, I will discuss this with the					
Faculty Infection Control Officer and seek counselling from an Infectious diseases					
specialist.					
Simulatura.					
Signature					
Date					