

This form ensures compliance with SA Health Immunisation for Health Care Workers in South Australia Policy Directive and with the requirements of the Early Childhood sector and must be completed by an Australian immunisation provider

STUDENT NAME \_\_\_\_\_ STUDENT ID \_\_\_\_\_

**Instructions for Practitioners:** Update this Certificate after any indicated blood test results are available and vaccinations given. For each Vaccine Preventable Disease (VPD): If confirmed by blood test, provide the student a copy of the supporting serology. If confirmed by vaccination record, write in the dates of when doses were given. If a multiple-dose course of vaccinations is required, complete this after the first vaccine is given.

**Section A – To be completed for ALL students**

DISEASE	IMMUNITY CONFIRMED BY <i>(tick all that apply)</i>	DATES VACCINES GIVEN <i>(IF REQUIRED)</i>	VACCINE GIVEN BY
<b>Diphtheria, Tetanus and Pertussis</b>	<input type="checkbox"/> Confirmed by vaccination record of booster dose in last 10 years	Dose 1:    /    /	
<b>Measles, Mumps and Rubella</b>	<input type="checkbox"/> All 3 confirmed by blood test result	Dose 1:    /    /	
	<input type="checkbox"/> Confirmed by Vaccination Record <input type="checkbox"/> Confirmed by birth before 1966	Dose 2 or booster:    /    /	

**Section B – To be completed for students undertaking placement in Medicine, Public Health, Nursing, Midwifery, and Allied Health.**

DISEASE	IMMUNITY CONFIRMED BY <i>(tick all that apply)</i>	DATES VACCINES GIVEN, <i>IF REQUIRED</i>	VACCINE GIVEN BY
<b>Chickenpox (Varicella-Zoster)</b>	<input type="checkbox"/> Confirmed by blood test result	Dose 1:    /    /	
	<input type="checkbox"/> Confirmed by vaccination record	Dose 2:    /    /	
<b>Hepatitis B</b>	<input type="checkbox"/> Confirmed by blood test result (>10IU/L) <input type="checkbox"/> Non-responder	Dose 1:    /    /	
		Dose 2:    /    /	
		Dose 3:    /    /	
		Booster:    /    /	
<b>Poliomyelitis</b>	<input type="checkbox"/> Confirmed by vaccination record <input type="checkbox"/> Confirmed by Statutory Declaration	Dose 1:    /    /	
		Dose 2:    /    /	
		Dose 3:    /    /	
<b>Hepatitis A*</b>	<input type="checkbox"/> Confirmed by vaccination record <input type="checkbox"/> Confirmed by blood test result	Dose 1:    /    /	
		Dose 2:    /    /	

\* Hepatitis A is **only recommended** for students working in Indigenous communities or with Indigenous children, on placement in the NT and for carers of people with developmental disabilities. Discuss with your doctor if concerned.

### Authorised Immunisation Provider Declaration

**Commenced**

The above-named person has commenced a vaccination schedule for all required VPDs listed above.

Practice Stamp  
or Address Here

**Provider No:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Complete**

The above-named person has acceptable evidence of immunity to all of the required VPDs listed above.

Practice Stamp  
or Address Here

**Provider No:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

## Acceptable evidence of immunity to specific VPDs for students

VPD	Acceptable evidence of immunity
<b>Chickenpox (Varicella-Zoster)</b>	Documented serological evidence of varicella antibody (IgG) <u>or</u> documented evidence of age-appropriate varicella vaccination. <b>Confirmation of immunity post-vaccination not required.</b>
<b>Diphtheria Tetanus Pertussis</b>	Documented evidence of booster dose of diphtheria/tetanus/pertussis-containing vaccine in the last 10 years. <b>Confirmation of immunity post-vaccination not required.</b>
<b>Hepatitis B</b>	Documented serological evidence of Hepatitis B surface antibody (>10mIU/ml) following completion of course of hepatitis B vaccine or documented evidence of hepatitis B core antibody. <b>Confirmation of immunity post-vaccination is required</b> for all students after completion of vaccination course. All students who have lived in a hepatitis B endemic country for at least 3 months are required to have serology including hepatitis B surface antigen prior to vaccination.
<b>Measles Mumps Rubella</b>	Documented serological evidence of measles/mumps/rubella antibody (IgG) <u>or</u> documented evidence of 2 measles/mumps/rubella-containing vaccines at least one month apart <u>or</u> born before 1966 <u>or</u> documented laboratory evidence of past infection. <b>Confirmation of immunity post-vaccination not required.</b>
<b>Poliomyelitis</b>	Historical evidence of at least 3 doses of polio vaccine (IPV or OPV). If documented evidence of vaccination not available, a statutory declaration stating student has had a full vaccination will be accepted. <b>Confirmation of immunity post-vaccination not required.</b>
<b>Hepatitis A</b>	Documented serological evidence of hepatitis A antibody (IgG) <u>or</u> documented evidence of completed course of hepatitis A vaccine <u>or</u> documented laboratory evidence of past infection. <b>Confirmation of immunity post-vaccination not required.</b>