

## DECLARATION OF IMMUNISATIONS AND INFECTIOUS DISEASE

NAME: .....

ELECTIVE DISCIPLINE: ..... DURATION: .....

*The Royal Women's Hospital treats pregnant women, neonates and women of all ages who may be vulnerable to infectious diseases. For their protection we require that you minimise the risk of importing a transmissible disease into the hospital environment. The following declaration and undertaking binds you for the duration of your elective/clerkship period at the Royal Women's Hospital.*

### IMMUNISATION STATUS

- |  |          |                                      |
|--|----------|--------------------------------------|
| 1. Have you ever been diagnosed with measles?                  | Yes / No | If NO, have you been immunized? Y/ N |
| 2. Have you ever been diagnosed with mumps?                    | Yes / No | If NO, have you been immunized? Y/ N |
| 3. Have you ever been diagnosed with rubella (German Measles)? | Yes / No | If NO, have you been immunized? Y/ N |
| 4. Have you ever been diagnosed with varicella (Chicken Pox)?  | Yes / No | If NO, have you been immunized? Y/ N |
- If you do not have a clear history of having these infections in the past then immunization is mandatory.
- |   |          |
|---|----------|
| 5. Have you ever been immunized against pertussis (whooping cough)?                           | Yes / No |
| 6. Have you ever been immunized against tetanus?  | Yes / No |
| 7. Have you ever been immunized against diphtheria?   | Yes / No |
| 8. Have you ever been immunized against Hepatitis B?  | Yes / No |
| 9. Have you been immunized against influenza in the last 12 months (requires documentation*)? | Yes / No |

**BLOOD-BORNE VIRUS STATUS** These tests are mandatory and we need to know that you have been tested. We **do not** need to know the **result of your test**. PLEASE NOTE however, that if you test POSITIVE for a blood-borne virus you must not engage in clinical activities that could put patients at risk of cross-infection from you (e.g. assisting during surgery in the operating theatre).

- |  |          |
|--|----------|
| 10. Have you been tested for hepatitis B?                        | Yes / No |
| 11. Have you been tested for hepatitis C?                        | Yes / No |
| 12. Have you been tested for human immunodeficiency virus (HIV)? | Yes / No |

### M. TUBERCULOSIS STATUS

- |  |          |
|--|----------|
| 13. Have you been infected with tuberculosis in the past?  | Yes / No |
| 14. Have you been screened for past tuberculosis infection (requires documentation*)?<br>(Mantoux skin test or Quantiferon Gold blood test. Chest X ray is not sufficient) | Yes / No |

\*PLEASE NOTE: Students should be **screened for TB** and have their **influenza vaccine** done within the **12 months** prior to the commencement of their elective. Documented evidence needs to be submitted. Students with a positive TB test should be medically assessed for exclusion of active infection before starting their placement.

## STATUTORY DECLARATION AND UNDERTAKING

I, \_\_\_\_\_ (full name)

of \_\_\_\_\_ (address)

acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

I attach the following documentation:

- Influenza vaccination certificate
- Proof of TB infection testing

Declared at \_\_\_\_\_ (location), this \_\_\_\_\_ day of \_\_\_\_\_ (month) 20\_\_

SIGNATURE.....