



Section 1: Information

Students in the **Doctor of Medicine and Doctor of Medicine (Ochsner)** programs are required to provide evidence of their immunisation status for the diseases listed in Section 2 of this form. This list is supported by UQ [PPL 2.60.08 Vaccinations and Immunisation](#), the Australian Immunisation Handbook and Queensland Health policy. Students are reminded that **placements or activities in healthcare environments will not be permitted unless this record is complete.**

Students need to screen for hepatitis B, hepatitis C and HIV infection within the twelve months preceding program commencement as these infections may limit the type of surgical procedures the student/graduate can be involved with. See section 3.

Instructions for Students

1. The attached immunisation record is to be completed by a **Registered Medical Practitioner**. To minimise any unnecessary delays and additional costs to you, it is most important you take any past immunisation record (s) to the medical practitioner who will complete this form for you. You must arrange to obtain any required vaccinations or screening tests as soon as possible as it can take some time and multiple visits to the doctor to complete this form. The Medical Practitioner must be independent. They cannot be a near relative (e.g. spouse, partner, child, brother, sister, or parent) or a close associate (e.g. a close friend, neighbour, or partner or child of a colleague).
2. You must also complete the Queensland Health [Tuberculosis Risk Assessment Form for Students](#). This is a student self-assessment form to be completed by the student only.
3. Please ensure that both this form and the Tuberculosis Risk Assessment Form have been completed correctly before uploading to Blackboard using the Submission Method below. Ensure that this form is signed and stamped by the medical practitioner (Section 4) and you must also read and sign the Student Declaration (Section 5).
4. It is your responsibility to ensure compliance. You are expected to respond to requests for additional evidence as soon as possible and prior to the deadline provided. All information regarding your compliance, including "Recall dates", can be found in the "myDetails" section of the Placements system.
5. **Keep a copy of all documentation in your personal records.**

Submission Method for Students

Submission method: online only (via Blackboard – Year 1 Community Site, 2020)

Access the Blackboard via your my.UQ dashboard, or through the [Learn.UQ login](#) link. Locate the *Orientation Activities* on the left menu and select *Upload Documentation*.

**For assistance submitting your documents or completing this form
please contact Student Administration med.enquiries@uq.edu.au.**

Instructions for Medical Practitioners

The Medical Practitioner is to complete sections 2, 3, 4 ensuring to sign and stamp in Section 4. Please enter all dose dates, serology dates, results and comments as requested on the form. There is no requirement for students to upload laboratory documents except where requested on the form. E.g. hepatitis B immunity (titre level).

Student Name: (BLOCK LETTERS)	Surname			First Name		Other Names	
Student Number:			Date of Birth:				
Mobile Phone No.:			UQ Email Address:				
Faculty:			Program of Study:				
Year of Commencement of program (cohort):							

Section 2: Evidence of Vaccination / Immunisation

This section must be completed by a medical practitioner

Mandatory requirement *

Strongly recommended and mandatory for some placements **

Name of Disease and evidence required	Date of Vaccination	Serology/ Screening	Other Evidence
Pertussis* One documented adult dose of dTpa vaccine within last 10 years (in addition to complete childhood vaccination course)	Dose Date:	<u>Not applicable</u>	<u>Not applicable</u>
Measles*, Mumps*, Rubella* Documented evidence of 2 doses of MMR vaccine given at least 28 days apart. If the student is unable to provide dose dates a blood test showing immunity for all three diseases must be provided.	Dose 1 Date: OR Dose 2 Date:	Serology Date: <input type="radio"/> Serology confirms immunity to all: measles, mumps and rubella	<input type="radio"/> Birth date before 1966 No vaccination or serology required for students born before 1966
Chickenpox (varicella)* Documented evidence of 2 doses of varicella vaccine given at least 28 days apart. If the student is unable to provide dose dates a blood test showing immunity must be provided.	Dose 1 Date: OR Dose 2 Date:	Serology Date: <input type="radio"/> Serology confirms immunity to Varicella	<u>Not applicable</u>
Influenza** An influenza vaccination is strongly recommended in the Autumn of each year after the latest flu vaccine has been released (usually March/April). Certain clinical placement will only accept students who have had the influenza vaccination to allow for staff and patient safety.	Enter dose date only if current seasonal influenza vaccination has been given. Dose Date:	<u>Not applicable</u>	Students to retain proof of vaccination in the event that it is required for a particular placement site/hospital.

Student Name: (BLOCK LETTERS)	Surname	First Name	Other Names
Student Number:		Date of Birth:	

Name of Disease and evidence required	Date of Vaccination	Serology/ Screening	Other Evidence
<p>Hepatitis B*</p> <p>Documented evidence of three doses of age appropriate Hepatitis B vaccine AND serology results confirming immunity.</p> <p>2 dose course of adult vaccine is appropriate for adolescent schedule only (if age of vaccine recipient was 11-15 years).</p> <p>An accelerated hepatitis B schedule is not recommended for student placements as the schedule will not be completed until the 4th dose at 12 months.</p>	<p style="text-align: center;">AND</p> <p>Dose 1 Date:</p> <p>Dose 2 Date:</p> <p>Dose 3 Date:</p>	<p style="text-align: center;">OR</p> <p>Serology Date:</p> <p><input type="radio"/> Serology confirms immunity to hepatitis B. Anti-HBs greater than or equal to 10mIU/mL</p> <p>Please enter antibody level or attach laboratory result.</p> <p>Anti-HBs or HBsAb result:</p> <p>_____</p> <p style="text-align: center;">OR</p> <p><input type="radio"/> Non-Immune to Hepatitis B. Complete Hepatitis B Supplementary Doses section below</p>	<p style="text-align: center;">OR</p> <p><input type="radio"/> Immunisation against hepatitis B is not appropriate. Not susceptible to hepatitis B. Evidence of previous hepatitis B exposure shown on serology.</p>
<p>Hepatitis B Supplementary Doses (if required)</p> <p>Please refer to booster regime in Australian Immunisation Handbook or refer to UQ Healthcare.</p>	<p style="text-align: center;">AND</p> <p>Follow up dose dates:</p>	<p>Follow up serology date:</p> <p>Please enter antibody level or attach laboratory result.</p> <p>Anti-HBs or HBsAb result:</p> <p>_____</p>	<p>Further Comments:</p>

Please continue to Section 3 on next page

Student Name: (BLOCK LETTERS)	Surname	First Name	Other Names
Student Number:		Date of Birth:	

Section 3: Exposure-prone Procedures Statement

To be completed by a medical practitioner for all dentistry, medicine, midwifery and nursing students

Exposure prone procedures (EPPs) are procedures where there is a risk of injury to the Healthcare Worker (HCW) resulting in exposure of the patient's open tissues to the blood of the HCW. These procedures include those where the HCW's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

Student HCWs who will be performing EPPs must be tested for blood borne viruses (BBVs) in accordance with [Australian National Guidelines for the Management of Health Care Workers living with blood-borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses - 2019](#). Testing must take place within 12 months before commencement of their program.

The follow up of test results is the responsibility of the medical practitioner who conducts the test. Student HCWs found to have a positive BBV test result should be counselled by their medical practitioner about appropriate management, and about potential impacts on future career options. The medical practitioner can seek advice from a specialist in BBVs or the relevant area of the jurisdictional health department. These students should receive education to ensure they understand their obligations should they wish to perform EPPs as part of their program.

Screening Verification Details

Medical Practitioner Statement	
I have screened this student for hepatitis B & C and HIV infection and the student is not infected on testing.	Doctor's signature Date:
OR	
The student cannot safely perform EPP as confirmed by Infectious Diseases physician, Gastroenterologist, Hepatologist or Occupational Medicine Physician.	Doctor's signature Date:
OR	
An Australian registered Infectious Diseases physician, Gastroenterologist, Hepatologist or Occupational Medicine Physician has certified that further testing has confirmed that the student is able to safely perform EPP.	Doctor's signature Date:
Additional Comments as necessary:	

Regularity of Screening: Due to the increased risk of blood-borne pathogen transmission occurring during a dental procedure, the Dental Board of Australia stipulates that all dental practitioners must be aware of their infectious status for the blood-borne viruses Hepatitis B, Hepatitis C and HIV. Dentistry students are required to provide a statement from their doctor confirming their infectious status prior to enrolment and prior to clinical placements at commencement of year 3 and year 5 of the program.

Student Name: (BLOCK LETTERS)	Surname	First Name	Other Names
Student Number:		Date of Birth:	

Section 4: Medical Practitioner Declaration

I declare that the requirements specified above have been assessed and actioned in accordance with the immunisation and screening status of the student named on this form, and have been entered above in compliance with the immunisation entry requirements for the student's program of study. The student has been made aware of any vaccination or serology follow up in relation to completing the requirements of this form.

Name of Medical Practitioner/Provider number	Signature:	Date
Is further follow up required? Please insert details:		Practice Stamp:

Section 5: Student Declaration

I understand the program requirements outlined in this document and agree to submit this information as a true and correct record of my compliance with these requirements. In addition, I agree to provide updated information as necessary and in particular in relation to any required vaccinations or proof of my status regarding testing for blood borne diseases.

In addition, as my study program does undertake exposure prone procedures (dentistry and midwifery), or can involve undertaking exposure prone procedures (medicine and nursing), I have read and understand the requirements of the [Australian National Guidelines for the Management of Healthcare Workers Living with blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses -2019](#).

I agree to the following:

- have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV acquisition.
- have appropriate testing and follow up care after potential non-occupational exposure, with testing frequency related to risk factors for virus transmission
- Cease performing all EPPs if diagnosed with a BBV until the criteria in the [National Guidelines](#) have been met and formal advice has been sought according to the responsibilities of the healthcare worker with a BBV.

Student Signature:	Date:

Privacy Statement

The information in this form is collected for the purpose of complying with the requirements of the UQ Vaccinations and Immunisation Procedure at: <https://ppl.app.uq.edu.au/content/2.60.08-vaccinations-and-immunisation> and Queensland Health by requiring students to provide evidence of their immunisation and screening status for the listed diseases. The information you provide may be disclosed to Queensland Health or other placement organisations to ensure your health and safety and the health and safety of others or where the disclosure is authorised or required by law. For further information please consult the UQ Privacy Management Policy at: <http://ppl.app.uq.edu.au/content/1.60.02-privacy-management>

Student to submit completed documentation in accordance with the Submission Method detailed on page 1

Tuberculosis Risk Assessment Form for STUDENTS

Student Information	
Given name/s:	
Student Number:	
Education Provider:	
Course/Module of Study:	
Email:	

Instructions:

- All students must be assessed for their risk of tuberculosis (TB) before commencing a clinical placement.
- Please complete the following questions and return the completed form and any additional documentation (if required) to your Education Provider Placement Coordinator prior to commencement of placement.
- Retain a copy of this form and any relevant documentation to take with you if any further assessment is required.
- If you do not understand the questions please complete this form with your doctor's help.
- Further testing and/or health assessment may be required, depending on your personal circumstances.

Privacy Notice: Personal information about students collected by Queensland Health is handled in accordance with the *Information Privacy Act 2009*. Queensland Health is collecting your personal information to meet its obligations to protect the public and to provide a safe workplace as per the current *Tuberculosis Control QH-Health Service Directive 2018* and the *Public Health Act 2005* and *Public Health Regulation 2018*. All personal information will be securely stored and reasonable steps will be taken to keep it accurate, complete and up-to-date. Personal information recorded on this form will not be disclosed to Queensland Health officers or third parties unless the disclosure is authorised or required by or under law. If you choose not to provide your personal information, you will not meet the condition of placement. For further information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au.

Part A: Signs of active TB - Do you currently have any of the following symptoms?	
1. Cough for more than 2 weeks (not related to an existing diagnosis or condition)	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Unexplained fever for more than 1 week	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Recent unexplained weight loss	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Coughing up blood	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Excessive sweating during the night for more than 1 week	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you have answered YES to any questions from Part A :	
<p>➔ Make an urgent appointment with your doctor or TB Control Unit for assessment of your symptom/s. Further referral to a TB specialist may be recommended by your doctor.</p> <p>➔ You will require a clearance for signs of active TB from the assessing clinician (doctor or TB Control Unit) to be provided to your Education Provider Placement Coordinator before you can commence a placement:</p>	
➔ Clearance for active TB required <input type="checkbox"/> No <input type="checkbox"/> Yes	Clearance for active TB attached <input type="checkbox"/> Yes
Please continue over page	



Part B: TB exposure risk history	
1. Were you born in Australia?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If no, in what country were you born?	
2. Other than Australia or your country of birth, have you spent three (3) months or more in total within the past five (5) years visiting or living in any other country/ies? (For example, two months in country A and one month in country B is three months in total).	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, which countries?	
<p>➔ Check the TB country incidence list (www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx) for each country you have listed in questions 1 and 2 and complete the following questions:</p>	
3. Were you born, and/or have you spent three (3) months or more in total within the past five (5) years visiting or living in country/ies with a TB burden greater than 40 cases per 100 000 population (see link above)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Have you been in direct contact with a person with active TB disease, without using appropriate infection control precautions, within the past 2 years and you were not assessed for exposure to TB by hospital or public health authorities (Contact may be work or non-work related).	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Have you previously worked (> 3 months) in any of the following settings: respiratory units; infectious disease units or other medical units caring for infectious TB patients; clinical procedure units conducting bronchoscopy and/or sputum induction; TB laboratories; mortuaries?	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Have you ever been diagnosed with active TB (i.e. not latent TB)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, in what year did you complete treatment?	
7. Do you have any underlying health issues or take any medications which may cause immunosuppression ?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>If you have answered YES to any of questions 3 – 5 from Part B, you require a test for latent TB infection:</p> <p>➔ an Interferon Gamma Release Assay (IGRA) blood test can be ordered by your doctor – pathology fees may apply (a positive or indeterminate IGRA result requires further consultation at a TB Control Unit or with your doctor. Your doctor may refer you to a TB specialist.</p> <p>OR</p> <p>➔ a Tuberculin Skin Test (TST/Mantoux test) can be performed by referral to a TB Control Unit – at no cost to the patient, but requires a follow-up appointment 2 or 3 days later.</p> <p>If testing for latent TB infection is required (and you have answered NO to all questions in Part A), you will still be able to commence placement. However, you must undertake further assessment with a doctor or at a TB Control Unit.</p> <p>If you have answered YES to any of questions 6 – 7 from Part B, you require further assessment. Contact your TB Control Unit for advice.</p> <p>NOTE there is no out-of-pocket expense for treatment of TB in public health facilities in Queensland</p>	

Part C: Previous TB risk assessment procedures: – In the time since encountering the risk factors in Part B have you undergone any assessments or screening as below. If you have previously had a test for latent TB, to avoid unnecessary repetition of testing please take (if available) any supporting documents and additional information as indicated below to your doctor or TB Control Unit.	
Previous employment or immigration screening for TB?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Previous TB risk assessment is on SPA (Staff Protect Application-Queensland Health Data Base)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Previous pathology result (Quantiferon test or T-spot test)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Previous printed result of a tuberculin skin test result (also called Mantoux test)	<input type="checkbox"/> No <input type="checkbox"/> Yes

Assessment Summary: Please tick the appropriate TB Risk Assessment Outcomes.	
If YES to any questions in Part A clearance for active TB is required prior to placement <input type="checkbox"/> .	Clearance for active TB attached to Risk Assessment form and returned to your Education Provider Placement Coordinator <input type="checkbox"/> .
If NO to all questions in Part A AND NO to Part B questions 3 to 7 (inclusive)-Nil further assessment required <input type="checkbox"/> .	Completed and signed Risk Assessment form returned to your Education Provider Placement Coordinator <input type="checkbox"/> .
If YES to any of questions Part B questions 3 – 7 further testing/consultation with a doctor or consultation at a TB Control Unit is required <input type="checkbox"/> .	Completed and signed Risk Assessment form returned to your Education Provider Placement Coordinator <input type="checkbox"/> Student consents to undertake assessment with a doctor or at a TB Control Unit <input type="checkbox"/> .
TB Control Units Contact Details: www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/tuberculosis	

Acknowledgement and Consent:	
<p>I certify that I have read and understand the Queensland Health: Protocol for the control of tuberculosis— section 3.3.18 Workers and students in health care facilities risk assessment on the Queensland Health Clinical Placement website, in preparation for my placement. I agree to comply with the guidelines and all procedures in place at the Queensland Hospital and Health Service facility at which I am placed, in respect of Queensland Health vaccination and infection control of health care workers.</p> <p>I understand that this risk assessment and any required follow-up action is one of the requirements of eligibility for a placement at a Queensland Hospital and Health Service facility, and I agree to take action as required.</p> <p>I consent to my education provider giving personal information in this form to Queensland Health (including the Department of Health and Hospital and Health Services) for placement and infection management planning and response. This may include infection control units and TB control units.</p> <p>I certify that the information I have provided in this risk assessment is true and correct.</p>	
Full Name:	
Signed:	Date:

Further information and Resources

- Tuberculosis Risk Assessment- Frequently Asked Questions (FAQ) for Workers in Queensland Health Facilities
- Tuberculosis Risk Assessment-Guideline for Education Provider Placement Co-ordinators

Clinician Use Only**Assessment of Tertiary Students for active and latent tuberculosis: Helpful Hints for General Practitioners.**

While tuberculosis (TB) is not common in Australia, each year 1200-1300 cases of TB are diagnosed nationally, of which almost 10% are tertiary students and almost 5% are past or current healthcare workers (HCW). The majority of such cases, but not all, are born overseas in countries with much higher rates of TB than we have in Australia.

Queensland Health requires all students who are to undertake placement in a clinical setting to complete a TB risk assessment questionnaire to help identify active TB and latent TB. Those who are identified as being at risk, may present to their GP for further assessment.

There are three main scenarios to consider.

A. Student self-reports symptoms which could be active TB

The symptoms as described on the risk assessment which may prompt a referral for assessment are one or more of the following:

1. Cough for more than 2 weeks (not related to an existing diagnosis or condition)
2. Unexplained fever for more than 1 week
3. Recent unexplained weight loss
4. Coughing up blood
5. Excessive sweating at night for more than one week.

As prolonged cough and haemoptysis may be features of pulmonary TB, it is recommended that such symptoms be identified at the time of booking-in the patient (if possible), in order that appropriate infection control precautions may be implemented, such as the patient waiting outside until called and the patient wearing a surgical mask when inside the practice (this reduces production of infectious aerosols should the patient actually have TB).

You may prefer to promptly refer your patient to a public TB Control Unit (TBCU) (contact details below) where no further out of pocket expenses will be incurred for the student. Similarly, a referral to a specialist experienced in TB medicine (usually a respiratory physician or infectious diseases physician) may be considered.

Investigations which may be initiated from primary care, if undertaken, should include:

- Three expectorated sputum for "AFBs" (acid fast bacilli) – note sputa should be collected external to a GP practice or pathology collection office (away from others) unless appropriate negative pressure facilities are available.
- A CXR (PA and lateral views).

If the CXR is abnormal or sputa are smear or culture positive for TB, referral to a TBCU or a specialist experienced in TB medicine is recommended.

B. Student is asymptomatic but has risk factors that make latent TB more likely

In most cases, it is being born in a country with high TB incidence which makes TB infection more likely, but living in such countries for a prolonged period and working in clinical or laboratory areas with increased potential exposure to TB are also risk factors.

People with latent TB are asymptomatic but they may progress to active TB including infectious pulmonary TB with a lifetime risk of ~10%. This risk can be reduced by 80 – 90% by administering antimicrobial therapy for 4 – 9 months (depending on the agent used).

Students with increased risk for latent TB are asked to present to a TBCU or GP for further testing.

Latent TB can only be diagnosed by a test which measures immune response to TB proteins; either an interferon-gamma release assay (IGRA) or a tuberculin skin test.

The most practical test in general practice is the QuantiFERON® Gold Plus test (IGRA) as it requires a single blood sample, is done by public and private labs and is unaffected by previous BCG vaccination.

A negative IGRA test needs no further action in an asymptomatic student (NOTE: an IGRA test should not be used to exclude active TB as it may be falsely negative).

A student with a positive IGRA test should be counselled regarding the pros and cons of preventative antimicrobial treatment. Active TB should be excluded before treatment for latent TB is commenced. At this point referral to a TBCU or experienced TB clinician can be considered for expert assessment and choice of preventative regimen (usually rifampicin or isoniazid daily therapy). A CXR prior to referral is helpful- if the CXR is abnormal request a priority review.

As Medicare reimbursement for the IGRA is limited and considering that many overseas students may not be Medicare eligible, there is often a charge for this test when ordered privately.

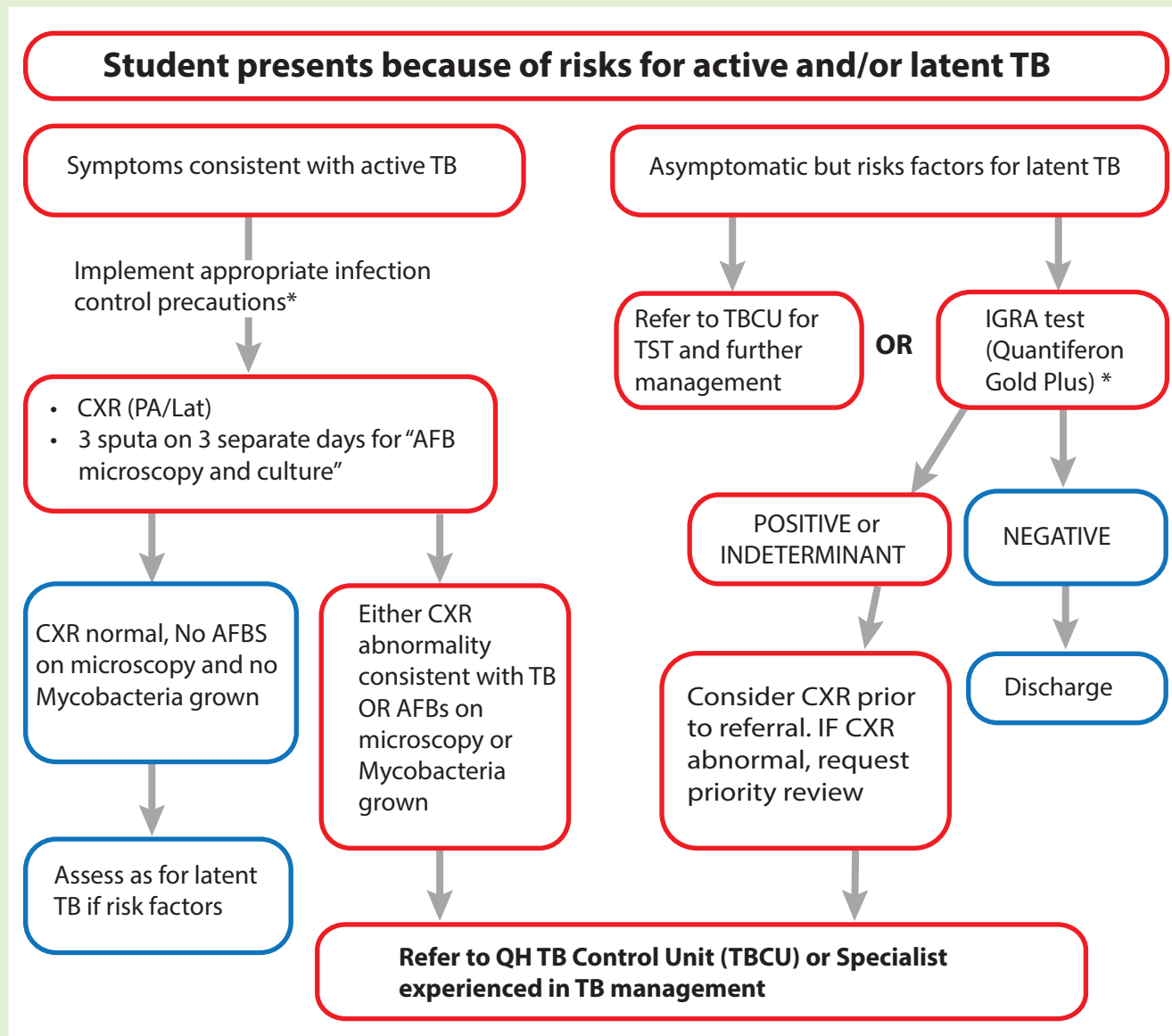
A tuberculin skin test can be performed by a TBCU. It is free of charge, but requires 2 visits to the clinic 48 – 72 hours apart and may be positive due to past BCG vaccination rather than true latent TB.

C. Student is at increased risk of progression to active TB and more severe disease because they have a suppressed immune system

There are many reasons for immune suppressed states including HIV infection, organ transplant anti-rejection drugs, connective tissue diseases etc. Students are asked to identify whether they have an immune suppressing condition. If “yes” they should see their doctor regarding testing for latent TB. A negative test is a useful baseline and a positive test should prompt discussion and offering of preventative antimicrobial therapy.

Additional information including contact details for Queensland TB Control Units can be found on the Queensland Health Tuberculosis Webpage at www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/tuberculosis

Figure 1 Flow chart for TB Risk Assessment Management



* Infection control guidelines for the management of patients with suspected or confirmed pulmonary tuberculosis in healthcare settings <http://www.health.gov.au/internet/main/publishing.nsf/content/cda-cdi4003-pdf-cnt.htm>

*Medicare listing for reimbursement of IGRA tests:

Test of cell mediated immune response in blood for the detection of latent tuberculosis by interferon gamma release assay (IGRA) in the following people:

- a person who has been exposed to a confirmed case of active tuberculosis;
- a person who is infected with human immunodeficiency virus;
- a person who is to commence, or has commenced, tumour necrosis factor (TNF) inhibitor therapy;
- a person who is to commence, or has commenced, renal dialysis;
- a person with silicosis;
- a person who is, or is about to become, immunosuppressed because of a disease, or a medical treatment, not mentioned in paragraphs (a) to (e).