

DECLARATION OF IMMUNISATIONS AND INFECTIOUS DISEASE

NAME:

PROPOSED ELECTIVE DURATION:

The Royal Melbourne Hospital treats many older and immunosuppressed patients who are 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 Melbourne Hospital.

IMMUNISATION STATUS

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| 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.
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| 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. Will you be immunised against influenza in the 12 months prior to your elective? | 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).

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| 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

- | | |
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| 13. Have you been infected with tuberculosis in the past? | Yes / No |
| 14. Have you been screened for past tuberculosis infection? | 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.....