

Vaccination/ Immunity Certification Form

This form is to be completed by the applicant's treating medical practitioner.

Applicant Details

First Name	
Last Name	
Date of Birth	
Address	
Phone Number	
Email	

Medical Practitioner Details

Name	
Provider No. (if applicable)	
Signature	
Practice Stamp	
Phone Number	

Vaccination evidence

Disease	Evidence of vaccination OR Documented serology results	RMEA use only <small>Circle 'Yes' or 'No'</small>
Tuberculosis	<input type="checkbox"/> Serology for QuantiFERON Gold	Compliant Yes / No
Measles, Mumps & Rubella	<input type="checkbox"/> Two documented doses of measles, mumps, and rubella (MMR) vaccine at least one month apart Date of dose 1: ____/____/____ Date of dose 2: ____/____/____ OR <input type="checkbox"/> Positive IgG for each of measles, mumps, and rubella	Compliant Yes / No
Diphtheria, Tetanus & Pertussis	<input type="checkbox"/> Documented history of one adult dose of dTpa within the past ten years	Compliant Yes / No
Varicella	<input type="checkbox"/> Documented history of age-appropriate course of varicella vaccination (including zoster) Date of dose 1: ____/____/____ Date of dose 2: ____/____/____ OR <input type="checkbox"/> Positive IgG for varicella OR <input type="checkbox"/> Documented history of physician-diagnosed chickenpox or shingles	Compliant Yes / No

Disease	Evidence of vaccination OR Documented serology results	RMEA use only <small>Circle 'Yes' or 'No'</small>
Hepatitis B	<input type="checkbox"/> Documented history of two or three doses for age-appropriate course of hepatitis B vaccine Date of dose 1: ____/____/____ Date of dose 2: ____/____/____ Date of dose 3: ____/____/____ OR <input type="checkbox"/> Anti-HBs \geq 10 IU/mL OR <input type="checkbox"/> Documented evidence that the individual is not susceptible to hepatitis B	Compliant Yes / No
Influenza	<input type="checkbox"/> Documented history of one dose of the current southern hemisphere seasonal influenza vaccine Date of dose: ____/____/____	Compliant Yes / No
COVID-19	<input type="checkbox"/> Documented history of two doses of COVID-19 vaccine Date of dose 1: ____/____/____ Date of dose 2: ____/____/____	Compliant Yes / No

Privacy

The information provided by the applicant on this form and attachments will be used by RMEA for the purpose of meeting workplace requirements for Student practicum placement in clinical settings. RMEA will not share this information unless requested by the industry placement and ONLY with the written consent of the applicant.

Notes

1. Positive IgG (Immunoglobulin G) indicates evidence of serological immunity, which may result from either natural infection or immunisation.
2. Pre offer of employment requires minimum of one dose of Measles, mumps, rubella (MMR) vaccine course and second dose to be administered within three months of commencement. The prospective worker will be required to commit to completing the full course.
3. Two doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person received their first dose before 14 years of age).
4. Letters from medical practitioners or other vaccine service providers should state the date chickenpox or shingles was diagnosed and should be on practice/facility letterhead, signed by the
5. provider/practitioner including professional designation and service provider number (if applicable).
6. Pre offer of employment requires minimum of one dose of Varicella (chicken pox) vaccine course and second dose (if required) to be administered within three months of commencement. The prospective worker will be required to commit to completing the full course.
7. Hepatitis B vaccine is usually given as a 3-dose course with 1-month minimum interval between 1st and 2nd dose, 2 months minimum interval between 2nd and 3rd dose and 4 months minimum interval between 1st and 3rd dose. For adolescents between the ages of 11-15 hepatitis B vaccine may be given as a two-dose course, with the two doses 4-6 months apart.
8. Anti-HBs (hepatitis B surface antibody) greater than or equal to 10 IU/ml indicates immunity. If the result is less than 10 IU/ml (<10 IU/ml), this indicates lack of immunity.
9. Documented evidence that an individual is not susceptible to hepatitis B infection may include serology testing indicating a hepatitis B core antibody (Anti-HBc /HBcAb), or a documented history of past hepatitis B infection. Prospective workers (including students and volunteers) who are hepatitis B antigen positive do not have to disclose their hepatitis B infection status unless they perform exposure-prone procedures (see Guideline for the management of Human Immunodeficiency Virus (HIV), hepatitis B virus, and hepatitis C virus infected healthcare workers).