

Form C



Immunisation and Infection Risk Confirmation of Consultation

I certify that I have seen Monash University MBBS student

Name

Address

..... **Post Code**

For the following purpose:

- (i) review of his/her immunisation status (Victorian Dept of Human Services Guidelines of October 2007) and updating of this, including arranging of Mantoux or QuantiFERON TB Gold testing and follow up and testing for HIV, Hep A, B and C and Varicella antibodies as per the Student Immunisation and Infection Risk Policy available here: <http://www.med.monash.edu.au/current/immunisation/>
- (ii) discussion and follow through with appropriate testing for blood-borne viruses that may be transmitted, in the course of normal duties between health care workers and patients;
- (iii) discussion of implications for the student and subsequently as a doctor, should he/she be a carrier of a particular blood-borne virus;
- (iv) discussion of any risk factors he/she might have for blood-borne viral infections outside of normal student duties, and how these risks may be minimised. The student has been provided with a copy his/her vaccination statement.

Practitioner Name

.....

Provider No.

Signed..... **Date:** / /

Address.....

..... **Post Code**

Stamp

Student to return to MBBS Student Services, Reception, Building 15