

# Form E



## MONASH UNIVERSITY

Caulfield: 99031177 B Block, Cn Sir John Monash Drive & Queens Av, Caulfield East, 3145

Clayton: 99053175 Building 10, Wellington Road, Clayton, 3800

Gippsland: 99026425 Northways Road, Churchill, 3842

Peninsula: 99044615 Building A, McMahons Road, Frankston, 3199

### CONSENT FOR INFORMATION SHARING

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

File No: \_\_\_\_\_

I agree to a medical practitioner from the University Health Service to conduct a review of my Immunisation and Infectious Disease status in accordance with guidelines for health care workers that include those developed by the National Health and Medical Research Council, the Department of Human Services in Victoria and the Communicable Diseases Network Australia and are referenced below. The review may include my personal vaccination information, consultation, blood tests or other assessment as necessary within the guidelines.

I also agree that in the event that my review reveals that I am not adequately vaccinated according to the guidelines I will give my consent for the UHS to administer those vaccines which are necessary to meet my course/program requirements which have been conveyed to me in the form of a notification that outlined the immunisation requirements as per professional standards for my course of study.

I understand and agree that where I use the University Health Service for the review and immunisations required to participate in clinical training, the University Health Service can report to the appropriate area within the Faculty of Medicine, Nursing and Health Sciences if I no longer meet the requirements or require follow up.

I understand that a Faculty Staff member may contact me to discuss my compliance with the immunisation requirements necessary for the completion of my undergraduate training.

### OR

I undertake to consult a medical practitioner of my choosing to conduct a review of my Immunisation and Infectious Disease status in accordance with guidelines for health care workers that include those developed by the National Health and Medical Research Council, the Department of Human Services in Victoria and the Communicable Diseases Network Australia and are referenced below. The review may include my personal vaccination information, consultation, blood tests or other assessment as necessary within the guidelines.

I also agree that in the event that my review reveals that I am not adequately vaccinated according to the guidelines I will give my consent for the medical practitioner to administer those vaccines which are necessary to meet my course/program requirements which have been conveyed to me in the form of [insert details of letter/notification that the student received outlining immunisation requirements].

I will to the best of my knowledge ensure that the medical practitioner concerned is not a relative of mine.

I understand that if I choose my own medical practitioner I must:

- Collect written information from my Faculty Student Services contact about the requirements of my consultation to take with me to the medical practitioner;
- Provide the medical practitioner with the completed Vaccination and Infectious Disease Questionnaire and **evidence of my vaccination history**;
- Take a confirmation of consultation form for him/her to sign on completion of my visit/tests stating that I have completed all Infectious Disease status and immunisation requirements.

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- Take from the practitioner a 'vaccination summary' detailing my complete immunisation status and copies of investigations performed.
- Ensure that this information is returned to the appropriate Nursing Staff on the campus I am attending for study.

Clayton: 99053175 Building 10, Wellington Road, Clayton, 3800  
Gippsland: 99026425 Health & Wellbeing, Northway's Road, Churchill, 3842  
Peninsula: 99044615 Building A, McMahons Road, Frankston, 3199

- Ensure that the confirmation form and vaccination statement are returned to my Faculty Student Services contact.

I understand that a Faculty Staff member may contact me to discuss my compliance with the immunisation requirements necessary for the completion of my undergraduate training.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **National Health and Medical Research Council**

Publications relating to communicable diseases, vaccination and infection control (currently in review)

<http://www.nhmrc.gov.au/guidelines/publications/subject/Communicable%20Diseases%E2%80%9A%20Vaccinations%20%2526%20Infection%20Control>

<http://www.health.gov.au/internet/immunise/publishing.nsf/content/handbook-home>

## **Department of Human Services Victoria**

Immunisation for health care workers; Sixth edition: revised October 2007 (currently in review)

[http://www.health.vic.gov.au/\\_data/assets/pdf\\_file/0004/88042/Revised\\_October2007\\_HCW\\_Immunisation.pdf](http://www.health.vic.gov.au/_data/assets/pdf_file/0004/88042/Revised_October2007_HCW_Immunisation.pdf)

## **Communicable Diseases Network Australia**

Guidelines for Managing Blood-Borne Virus Infection in Health Care Workers (currently in draft)

2005 Guidelines found on this site

<http://www.health.gov.au/internet/main/publishing.nsf/content/cda-cdna-index.htm>