

# ***Immunisation and Infection Risk***

## **Confirmation of consultation**

I certify that I have seen Monash University BRadMedImg student

**Name** .....

**Date of birth** .....

**Address** .....

..... **Post Code** .....

For the following purpose:

- (i) review of his/her immunisation status (as per the Victorian Dept of Human Services [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))  
  
and updating of this, including arranging of Mantoux or QuantiFERON TB Gold for TB and testing for HIV, Hep B and C (and Hep A if required);
- (ii) discussion and follow through with appropriate testing for blood-borne viruses which 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 of relevant test results and his/her vaccination summary.

**Practitioner Name** ..... **Provider No.** .....

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

**Address** .....

..... **Post Code** .....

**Stamp**