



IMMUNISATION

VACCINATION

EVIDENCE

- | | |
|---|--|
| <input type="checkbox"/> HEP B | <input type="checkbox"/> HEB B Serology result |
| <input type="checkbox"/> BOOSTRIX | <u>Covers Diphtheria, Tetanus & Pertussis / Whooping Cough</u> <input type="checkbox"/> Record of administration of vaccine |
| <input type="checkbox"/> MMR | <u>Covers Measles, Mumps, Rubella</u> <input type="checkbox"/> Record of administration of vaccine or <input type="checkbox"/> Documented evidence of having had illness or <input type="checkbox"/> Born prior to 1966 |
| <input type="checkbox"/> VARICELLA | <u>Chicken Pox</u> <input type="checkbox"/> Record of administration of vaccine or <input type="checkbox"/> Documented evidence of having had illness |
| <input type="checkbox"/> TB | <input type="checkbox"/> Record of Mantoux test result |

Failure to complete this form and provide supporting documents upon commencement will result in the student being refused to commence their placement with Cobram District Health

STUDENT NAME: _____

DATE: _____