



## Pre-placement Health Screening: visiting rural clinical elective students

Name:	
Date of Birth:	
Mobile:	
Person responsible for your placement:	
Date and area of your placement:	

**Proof of vaccination and serological evidence of immunity (i.e. copy of lab report)** for the following must be submitted **two months before** the elective start date. There are no exceptions. Your documents must be legible; translated if necessary, and match the information below:

Immunisation History	Acceptable evidence to demonstrate protection	Date(s)	Proof attached
1. Measles, Mumps, Rubella	<i>Documented evidence of 2 doses of MMR vaccine at least 1 month apart; <b>or</b> documented evidence of positive IgG for Measles, Mumps and Rubella</i>		
2. Varicella (Chickenpox)	<i>Documented evidence of positive Varicella IgG <b>or</b> documented evidence of 2 Varicella vaccinations at least one month apart</i>		
3. Hepatitis B	<i>Documented evidence of a completed, age appropriate course of hepatitis B <b>including evidence of post vaccination Hepatitis B surface antibody <math>\geq</math> 10 iu/ml or presence of anti-HB's</b></i>		
4. Pertussis (Whooping cough)/Diphtheria/Tetanus	<i>One documented dose of adult dTpa vaccine within the last 10 years.</i>		
5. Influenza Vaccination	<i>Current winter season influenza vaccination</i>		
Tuberculosis Screening		Date	Proof attached
6. Documentation of baseline screening is required with date (Mantoux or Quantiferon test):  <b>Date &amp; Result</b> (attach proof):			
Have you had a BCG vaccination? Yes/no			

<b>MRSA Screening</b>		
MRSA screening (nose, throat and skin lesion swabs) is compulsory for all visiting interstate and overseas students.		
<b>Health History</b>	Yes	No
Are you currently being treated by a doctor or health professional for any illness or injury?  <b>Details:</b>		
Do you have a medical condition which may be aggravated or could reoccur due to the type of work you will be undertaking while on placement?  <b>Details:</b>		
Are there any reasons that you may not be able to physically, emotionally or mentally perform the duties assigned to you while on placement?  <b>Details:</b>		
Do you have a current workers compensation claim or have you ever made a claim for workers compensation, motor vehicle injury, disability or invalidity?  <b>Details:</b>		

**Student Declaration:**

I have understood and declare that the information I have provided is accurate and to the very best of my current knowledge. I have not withheld any relevant information. I declare I am fit for the inherent requirements of placement and understand I must immediately report any fitness issues to my Rural Clinical Electives Placement Coordinator.

I attach all my test results and immunisation records.

Signed:

Date:

Submit this form completed and signed with required proof (in PDF format) to the Placement Coordinator **two months before** your elective start date. *Incomplete documentation will delay your placement process.*

Placement Coordinator: [electives@rcswa.edu.au](mailto:electives@rcswa.edu.au)

Please note:

You cannot commence a placement until you have completed these requirements. The Occupational Health Nurses are unable to provide outstanding vaccination or serological testing. You will be referred to a private GP to attend to them *at your own* cost and will *not* be able to make up time lost.