

TASMANIAN STUDENT IMMUNISATION RECORD COMPLETION GUIDE

STEP 1

- Download your complete Medicare Immunisation History Statement from MyGov/Medicare Online and upload this document to InPlace.

STEP 2

- Complete and upload the Tasmanian TB Assessment Tool to InPlace.

From these 2 documents, The UTas Senior Immunisation Advisor can provide you with a list of required screening and vaccinations needed to meet the College of Health & Medicine Infectious Diseases & Vaccination Process. Take this list and a blank Tasmanian Student Immunisation Record to your GP and request the listed tests and/or vaccinations.

OTHER INFORMATION

- All vaccinations, screening and serology results MUST be documented on the Tasmanian Student Immunisation Record by your health care provider (doctor or authorised nurse immunizer).
- All documented vaccinations, screening and serology results MUST be legible and in English.
- See pages 4 and 5 of this guide for a sample completed Tasmanian Student Immunisation Record. It is recommended that you take a copy of this guide to your GP along with your blank Tasmanian Student Immunisation Record.
- Signature, practitioner name, and clinic/practice stamp are required next to each entry on the Tasmanian Student Immunisation Record.
- If your Medicare Immunisation History Statement does not contain all vaccinations that you have received in the past, other sources of vaccination information are:
 - Child Health Record/Baby Book – different states of Australia will have different coloured books, e.g. 'blue books'.
 - Local council Certificate of Immunisation
 - Current & past GP vaccination records
 - Staff health records
- Please start the vaccination and screening compliance process as soon as possible, as it may take 8-9 months to complete the process.
- Once your GP has commenced documentation on your Tasmanian Student Immunisation Record scan your Student Immunisation Record and serology/screening reports into a single PDF document and upload it to InPlace for review/verification. Your Student Immunisation Record will be reviewed by a Senior Immunisation Advisor and notes/instructions left on InPlace advising you of outstanding requirements. Each time information is added to your Student Immunisation Record please re-upload it to InPlace for review again.
- Students are responsible for all costs associated with completing vaccination and screening requirements.
- Once you have completed all vaccinations/screening/serology requirements, your Tasmanian Student Immunisation Record needs to be scanned into a single PDF and uploaded to InPlace for final verification.
- Take your Tasmanian Student Immunisation Record with you on your 1st day of PEP.

Further information regarding [vaccine preventable diseases](#) is available from the [College of Health and Medicine Compliance](#) Webpage.

To upload your Vaccination Record Card into InPlace:

Login to InPlace: <https://inplace.utas.edu.au/>

- click 'Staff and Students'
- Your **username** is your University email address, i.e. student123@utas.edu.au

Your **password** is the same for all University accounts, i.e. MyLO, eStudent and Webmail.

Tasmanian Student Immunisation Record	
Completion Instructions for Health Care Providers	
Disease/s	Student Immunisation Record entry must include
Diphtheria Tetanus & Pertussis	<p>One adult dose of dTpa vaccine given within the last 10 years. Documentation on the Tasmanian Student Immunisation Record must include:</p> <ul style="list-style-type: none"> • Date of administration AND batch number or brand name of vaccine (OR notation that the vaccine was documented on the AIR) AND Health care provider signature AND health care provider practice stamp. • No serology results are accepted. Do not use ADT vaccine.
Hepatitis B	<ul style="list-style-type: none"> • Documented history of a completed age-appropriate course of Hepatitis B vaccinations (all Hepatitis B vaccines must be documented on the Student Immunisation Record including date of administration, batch number where possible AND health care provider signature and health care provider practice stamp) AND positive Hep B immunity surface antibody serology. The result must be recorded as a numerical value. ≥ 10 IU/L equals immunity. Please note: 'positive', 'immune' or 'detected' are not accepted OR • If a student has been vaccinated but cannot locate their Hepatitis B vaccination records, and they show ≥ 10 IU/ml Hep B immunity, verbal history of Hep B vaccinations must be recorded on the Student Immunisation Record by the health care provider along with signature and health care provider practice stamp AND Hepatitis B Vaccination Declaration that has been completed by the student and witnessed by a doctor or Authorised Nurse Immuniser. This Vaccination Declaration must always accompany the Tasmanian Student Immunisation Record OR • Documented evidence of positive/detected Hepatitis B Core Antibodies, indicating past Hepatitis B infection. • If after the course of 3 Hepatitis B vaccinations your Hep B immunity serology is below 10 IU/L, please contact Tasmanian PEP Immunisation team ASAP for further information, as further Hep B vaccinations and serology will be required.
Measles, Mumps, Rubella	<ul style="list-style-type: none"> • Evidence of two MMR vaccinations, administered at least one month apart and documented on the Student Immunisation Record, including date of administration, batch number where possible, health care provider signature and health care provider practice stamp OR • Serology result indicating positive IgG for Measles and Mumps and Rubella OR • Born prior to 1966 • Please note - Rubella serology result must be recorded on the Student Immunisation Record as a numerical value ONLY. Please <i>note</i>: 'positive', 'immune' or 'detected' are not accepted) AND • Rubella serology pathology report must also be attached to the Student Immunisation Record as 1 pdf document.

<p>Varicella</p>	<p>EITHER</p> <ol style="list-style-type: none"> 1. Evidence of an age-appropriate course of vaccination: <ul style="list-style-type: none"> • If vaccinated at under 14 years old, evidence of one (1) Varicella vaccination. • If vaccinated at 14 years or older, evidence of two (2) Varicella vaccinations, administered at least one month apart. <ul style="list-style-type: none"> • All Varicella vaccinations must be documented on the Student Immunisation Record, including date of administration, batch number where possible, health care provider signature and health care provider practice stamp OR 2. Positive Varicella IgG serology OR 3. Australian Immunisation Registry (AIR) History Statement that records natural immunity to chickenpox.
<p>TB</p>	<p>TB Screening- Interferon Gamma Release Assay (IGRA) or Tuberculin Skin Test (TST) is required if:</p> <ul style="list-style-type: none"> • You were born in a country with a high incidence of TB, or have resided or travelled for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: http://www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf, OR • You have previously been assessed as TB compliant but have resided or travelled for a cumulative period of 3 months or more to a country/countries with a high incidence of TB since your last TB assessment OR • You have had contact with a person who has infectious TB disease <p>IGRA</p> <ul style="list-style-type: none"> • IGRA blood test can be ordered by your GP - it must be done one month apart from the administration of any live vaccines (MMR & Varicella). IGRA results must be documented on your Student Immunisation Record including date of test, and either a positive or negative or indeterminate result, health care provider signature and health care provider practice stamp. • If your IGRA serology is indeterminate, a 2nd IGRA serology test will be required, with results recorded on the Student Immunisation Record. • If your IGRA serology is positive, you will require a clinical review at a TB/Respiratory Clinic. <p>TST/Mantoux</p> <ul style="list-style-type: none"> • Must only be performed at a designated TB/Respiratory Clinic, not by a GP or pathology company. It must be one month apart from the administration of any live vaccines (MMR & Varicella). • If you have a history of a BCG vaccination or if you have never had a BCG vaccination, this must also be recorded on the Student Immunisation Record at 'TB Screening' under "History of BCG vaccination.' <p>TST/Mantoux Tests Interpretations:</p> <ul style="list-style-type: none"> • Reaction is negative, and no BCG scar, no further action required. • Reaction is positive, referral to TB/Respiratory Clinic required. All entries must include date, health care provider signature and health care provider practice stamp.

Student to complete this section.

Surname: ROBIN	Given Names: Chris	Date of Birth: 01/01/2000
Mobile Number: 0400 000 000	Email Address: c.robin@utas.edu.au	Student ID: 123456

Doctor/Healthcare Provider to complete the following sections.

Vaccine	Date	Batch name and Batch No. (where possible)	Official certification by Vaccination Provider (clinic/practice stamp, full name & signature next to each entry)
Adult formulation dTpa (diphtheria, tetanus, acellular pertussis) vaccine			
Dose 1	1/12/22	AC37B000BB	Dr Full Moon Milky Way Medical Centre Southern Cross Drive Outer Galaxy OS 0000
Booster (10 years after previous dose)			
Booster (10 years after previous dose)			
Hepatitis B vaccine (age-appropriate course of vaccinations AND hepatitis B surface antibody ≥ 10IU/L OR core antibody positive)			
Dose 1	1/1/22	AHBVD000AA	Dr Full Moon Milky Way Medical Centre Southern Cross Drive Outer Galaxy OS 0000
Dose 2 <input type="checkbox"/> Tick for adolescent course	1/2/22	AHBVD000AA	Dr Full Moon Milky Way Medical Centre Southern Cross Drive Outer Galaxy OS 0000
Dose 3	1/5/22	AHBVD000AA	Dr Full Moon Milky Way Medical Centre Southern Cross Drive Outer Galaxy OS 0000
AND			
Serology: anti-HBs (numerical value)	1/9/24	Result IU/L 71000	Dr Full Moon Milky Way Medical Centre Southern Cross Drive Outer Galaxy OS 0000
		Result IU/L	
OR Serology: anti-HBc		Positive Negative	
Measles, Mumps & Rubella (MMR) vaccine (2 doses MMR vaccine at least 1 month apart OR positive serology for measles, mumps & rubella OR born before 1966)			
Dose 1	1/1/01	Priorix (As per AIR)	Dr Full Moon Milky Way Medical Centre Southern Cross Drive Outer Galaxy OS 0000
Dose 2	1/1/05	Priorix (As per AIR)	Dr Full Moon Milky Way Medical Centre Southern Cross Drive Outer Galaxy OS 0000
Booster (if required)			
OR			
Serology Measles		IgG result	
Serology Mumps		IgG result	
Serology Rubella (inc. numerical value & immunity status as per lab report: positive/negative/low level/equivocal)			
		IgG result	
Varicella Vaccine (age-appropriate course of vaccination OR positive serology OR AIR history statement that records natural immunity to chickenpox)			
Dose 1 <input type="checkbox"/> Tick if given prior to 14 years			
Dose 2			
Booster if required			
OR			
Serology Varicella	1/9/24	IgG result Positive	Dr Full Moon Milky Way Medical Centre Southern Cross Drive Outer Galaxy OS 0000
OR			
Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox			AIR statement sighted <input type="checkbox"/> YES <input type="checkbox"/> NO

Surname: ROBIN	Given Names: CHRIS	Date of Birth: 01/01/2000
Mobile Number: 0400 000 000	Email Address: c.robin@utas.edu.au	Student ID: 123456

Vaccine	Date	Batch name and Batch No. (where possible)	Official certification by Vaccination Provider (clinic/practice stamp, full name & signature next to each entry)
Influenza vaccine (TGA approved/recognised vaccine)			
	1/5/24	FluQuadri (as per AIR)	F/Moon Dr Full Moon Milky Way Medical Centre Southern Cross Drive Outer Galaxy OS 0000
COVID-19 vaccine (TGA approved/recognised vaccine)			
	1/1/21	Pfizer Comirnaty (per AIR)	F/Moon Dr Full Moon Milky Way Medical Centre Southern Cross Drive Outer Galaxy OS 0000
	1/2/21	Pfizer Comirnaty (per AIR)	F/Moon Dr Full Moon Milky Way Medical Centre Southern Cross Drive Outer Galaxy OS 0000
	1/1/24	Pfizer Comirnaty (per AIR)	F/Moon Dr Full Moon Milky Way Medical Centre Southern Cross Drive Outer Galaxy OS 0000

TB Screening	Date		Assessed by/Given by/Read by (clinic/practice stamp, full name & signature next to each entry)
Requires TB screening	1/9/24	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	F/Moon Dr Full Moon Milky Way Medical Centre Southern Cross Drive Outer Galaxy OS 0000
Past vaccination BCG	1/9/24	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	F/Moon Dr Full Moon Milky Way Medical Centre Southern Cross Drive Outer Galaxy OS 0000
Interferon Gamma Release Assay (IGRA) (circle test result)			
IGRA	1/9/24	Positive Indeterminate Negative	F/Moon Dr Full Moon Milky Way Medical Centre Southern Cross Drive Outer Galaxy OS 0000
IGRA		Positive Indeterminate Negative	Dr Full Moon Milky Way Medical Centre Southern Cross Drive Outer Galaxy OS 0000
Tuberculin Skin Test (TST)			
TST Administration			
TST Reading		Induration mm	
TST Administration			
TST Reading		Induration mm	
Referral to Respiratory/TB clinic required?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
TB Clinical Review			
Chest X-Ray			
Other			
Notes:			
TB Compliance – TB/Respiratory Clinic or qualified assessor (circle correct response)			
TB Compliance Assessment	1/10/24	Compliant Temporary Compliance Non-compliant	F/Moon Dr Full Moon Milky Way Medical Centre Southern Cross Drive Outer Galaxy OS 0000
TB Compliance Assessment		Compliant Temporary Compliance Non-compliant	