



# YOUR MIDWIFERY PLACEMENT PORTFOLIO

22/02/2024

# CHECKLIST OF DOCUMENTS

Blue Card	CPR Certificate	First Aid	National Police Certificate – through the Australian Federal Police	QHealth Deed Poll –if you are allocated a QHealth Facility	QHealth Student Orientation Checklist - if you are allocated to a QHealth Facility
USC Code of Conduct	QHealth First Response Evacuation Instructions (iLearn)	QHealth Code of Conduct (iLearn)	QHealth Prevention of Musculoskeletal Disorders (iLearn)	QHealth Health Safety and Wellbeing (iLearn)	QHealth Occupational Violence Orientation (iLearn)
Q Health iLearn Public Interest Disclosure (iLearn)	QHealth TB Risk Assessment Form and any test results required	Carelever Record of Compliance or UniSC Vaccination Evidence Form	Hepatitis B Serology Report	Fit Test Card/ Report	Site Requirements

# BLUE CARD

- You must carry a valid Blue Card.
- Ensure it is valid past the last day of your placement block



# CPR

Please ensure your CPR certificate is valid past the last date of your placement block.

CPR is an ANNUAL requirement.


Course code HLTAID009.

Course must be carried out by a Nationally Recognised Training Facility.

If you are already working at as an AIN or EN, evidence of a current Basic Life Support Certificate is sufficient.

**STATEMENT OF ATTAINMENT**

A Statement of Attainment is issued by a registered training organisation when an individual has completed one or more accredited units.

  
*Quality Assured Training  
for over 20 years*

**Sally Jones**  
has attained

**HLTAID001 - Provide cardiopulmonary resuscitation**


**Assessment Conducted By**  
Harry Potter


**Certificate Number**  
378404-1111111


**Issued at**  
20/01/2021

**Industry recommended renewal date**  
20/01/2022


Employers or other interested parties can verify the authenticity of the details on this certificate by scanning the QR code and/or going to our website.

  
NATIONALLY RECOGNISED  
TRAINING



  
**Allens Training**  
Pty Ltd

Is the Registered Training Organisation who issued this certificate  
RTO # 90909  
certificates@allenstraining.com.au  
1300 559 064  
allenstraining.com.au  
1/6 Bottlebrush Ave  
Noosa Heads QLD 4567  
ACN 114 756 857 ABN 63 114 756 857

  
**Jim Allen**  
CEO

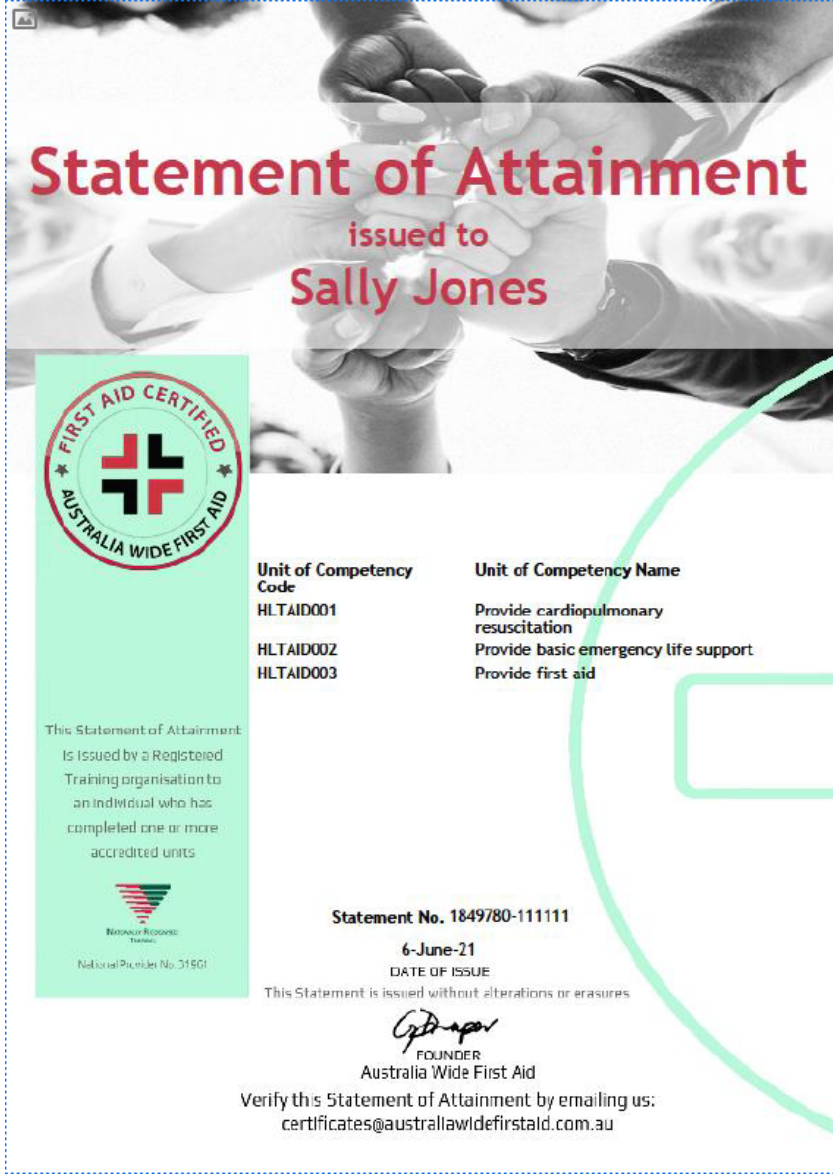
# FIRST AID

Please ensure your First Aid Certificate is valid past the last date of your placement block.


First Aid is to be completed every 3 years.

Course Code is HLTAIDo11.

Course must be carried out by a Nationally Recognised Training Facility.




**Statement of Attainment**  
issued to  
**Sally Jones**



Unit of Competency Code	Unit of Competency Name
HLTAID001	Provide cardiopulmonary resuscitation
HLTAID002	Provide basic emergency life support
HLTAID003	Provide first aid


This Statement of Attainment is issued by a Registered Training Organisation to an individual who has completed one or more accredited units



Nationally Recognised Training Facility  
National Provider No. 31901

**Statement No. 1849780-111111**  
**6-June-21**  
DATE OF ISSUE

This Statement is issued without alterations or erasures



FOUNDER  
Australia Wide First Aid

Verify this Statement of Attainment by emailing us:  
certificates@australiawidefirstaid.com.au

# NATIONAL POLICE CERTIFICATE

Your National Police Certificate MUST be from the Australian Federal Police with the Purpose Code 37.

It is valid for 3 years.

Please ensure your NPC is valid past the last day of your placement block.

## NATIONAL POLICE CERTIFICATE



AFP Ref: 8150018PC  
Client Ref:  
10 July 2021

Australian Federal Police  
Criminal Records  
Locked Bag 8550  
CANBERRA CITY ACT 2601  
Ph: 02 6140 6502  
ABN 17 864 931 143

HARRY POTTER  
4 PRIVET DRIVE  
LITTLE WHINGING SURREY

### Care, Instruction or Supervision of Children/ Care of Disabled Persons/ Aged Care Staff/ Volunteers Name Check Only

This is to certify that there are **no disclosable court outcomes** recorded against the name of:

**POTTER, Harry James** born on **31 July, 1980**

in the records of the Australian Federal Police and the police in all Australian States and Territories as at 10 July 2021.

This document is not issued as a form of identification.

Authorised by:

Co-ordinator  
Criminal Records



**AFP**  
AUSTRALIAN  
FEDERAL POLICE



Page 1 of 1

The information contained in this document is valid as at date displayed.  
This certificate is produced on secure paper to provide proof of authenticity.  
Several security features are integrated within the document, some of which are described overleaf.



## DIGITAL NATIONAL POLICE CERTIFICATE

Australian Federal Police | ABN 17 864 931 143



AFP Ref: 9376245PC  
Client Ref:

26 May 2022

Australian Federal Police  
Criminal Records  
Locked Bag 8550  
CANBERRA CITY ACT 2601  
Ph: 02 6140 6502  
ABN 17 864 931 143

HARRY POTTER  
4 PRIVET DRIVE  
LITTLE WHINGING SURREY

### Care, Instruction or Supervision of Children/ Care of Disabled Persons/ Aged Care Staff/ Volunteers Name Check Only

This is to certify that there are **no disclosable court outcomes** recorded against the name of:

**POTTER, Harry** born on **31 July, 1980**

in the records of the Australian Federal Police and the police in all Australian States and Territories as at 26 May 2022.

This document is not issued as a form of identification.

Authorised by:

Co-ordinator  
Criminal Records



# QHEALTH DEED POLL

This must be completed per placement if you are placed at a Queensland Health Facility.

If you are required to completed this form you will receive an email from [ffpo@usc.edu.au](mailto:ffpo@usc.edu.au)

Please fill out your Name, Hospital and Health Service of your placement and your Education Provider – (UniSC – 28 441 859 157).

Print the form, sign and have witnessed and add to your portfolio

Please note: example does not show the whole document.

Queensland Health

## Student Deed Poll

For HHS clinical placements 2022

**THIS DEED POLL** is made by

[Insert Student name] (Student)  
in favour of:  
STATE OF QUEENSLAND through the Queensland Health (Department)  
AND  
[Insert name of Hospital and Health Service] (HHS)  
AND  
[Insert name of Education Provider and ABN] (Education Provider)

**BACKGROUND**

A. The Education Provider has entered into an agreement with the Department dealing with the placement of students within Queensland Health facilities (**Student Placement Deed**).

B. The Student is a student of an Australian university run by the Education Provider and will be undertaking a Placement.

C. It is a condition of the Student's Placement that the Student agree to and comply with the provisions of this Deed Poll.

**OPERATIVE TERMS**

**1. Interpretation**

1.1. In this Deed Poll:

**Confidential Information** means any information which by its nature is confidential, is received on the understanding that it is confidential, or is marked as being confidential and includes:

(a) information about clinical processes, policies and procedures, commercial operations, financial arrangements or affairs of Queensland Health;


(b) information which identifies or relates to patients and staff of Queensland Health;

(c) information that is protected as confidential information under Queensland health portfolio legislation, including the *Hospital and Health Boards Act 2011*(Qld),

(d) the terms of this Deed Poll and the Placement;

(e) Personal Information and Patient Treatment Records; and

Student Deed Poll - For HHS clinical placements Version 22\_1.0,  
published 16 May 2022



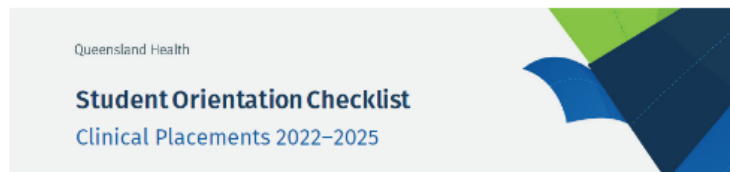
# QHEALTH STUDENT ORIENTATION CHECKLIST

▪ This must be completed per placement if you are placed at a Queensland Health Facility. If you are required to complete this form you will receive an email from ffpo@usc.edu.au

▪ Please ensure you have completed and printed the new 2022-2025 Orientation Checklist and submitted it in Sonia Forms.

▪ Please ensure you take the first three pages of your form.

▪ Please note: example does not show the whole document.



Please ensure that you have read and understood the requirements of undertaking a clinical placement with Queensland Health before completing this checklist and declaration. You may refer to the information at [www.health.qld.gov.au/employment/clinical-placement](http://www.health.qld.gov.au/employment/clinical-placement) and the supporting instructions at the end of this document when completing your checklist.

**Note:** A complete Student Orientation Checklist is comprised of pages 1 to 3 (inclusive) of this document, including the certification/declaration on page 3. In addition to providing this completed checklist to your education provider, please retain a copy for your records.

### Legal checks

Check	Note	Date of Check	Expiry
<b>All Students</b>			
<input checked="" type="checkbox"/> National Police Certificate	1	17/06/2022	17/06/2025
<b>As required (by legislation/placement location/education provider)</b>			
<input checked="" type="checkbox"/> Working with children check ("blue card")	2	23/06/2022	23/06/2025
Aged care criminal history check (NOT REQUIRED)	3,5		
<input checked="" type="checkbox"/> NDIS worker screening check	4,5	24/06/2022	24/06/2027
Corrective services criminal history check (NOT REQUIRED)	6		

### Immunisation evidence and infection prevention

Vaccination	Note	Date of vaccination/test	Comments (See Note 7)
<b>All Students</b>			
<input checked="" type="checkbox"/> Measles, mumps, rubella (MMR) or evidence of non-susceptibility	8	MMR Dose 1 See Vaccination Evidence Form	See Vaccination Evidence Form.
<input checked="" type="checkbox"/> Measles, mumps, rubella (MMR) or evidence of non-susceptibility	8	MMR Dose 2 See Vaccination Evidence Form	See Vaccination Evidence Form.
<input checked="" type="checkbox"/> Varicella (chicken pox) or evidence of non-susceptibility	9	Varicella Dose 1 See Vaccination Evidence Form	See Vaccination Evidence Form.
<input checked="" type="checkbox"/> Varicella (chicken pox) or evidence of non-susceptibility	9	Varicella Dose 2 See Vaccination Evidence Form	See Vaccination Evidence Form.
<input checked="" type="checkbox"/> Pertussis (dTap) (whooping cough)	10	See Vaccination Evidence Form	See Vaccination Evidence Form.
<input checked="" type="checkbox"/> Hepatitis B or evidence of non-susceptibility	11	HepB Dose 1 See Vaccination Evidence Form	See Vaccination Evidence Form.
<input checked="" type="checkbox"/> Hepatitis B or evidence of non-susceptibility	11	HepB Dose 2 See Vaccination Evidence Form	See Vaccination Evidence Form.
<input checked="" type="checkbox"/> Hepatitis B or evidence of non-susceptibility	11	HepB Dose 3 See Vaccination Evidence Form	See Vaccination Evidence Form.
<input checked="" type="checkbox"/> Fit testing of particulate filter respirators (PFR) - Please specify the brand, model and size of fit tested PFR (where required)	12	21/08/2023	Halyard Small & Trident OneSize
<b>Other vaccinations as required/recommended by legislation/placement location/education provider (see Note 13)</b>			
<input checked="" type="checkbox"/> Influenza Vaccination		10/05/2023	
<input type="checkbox"/>			

### Online learning/orientation modules

Expiry	Module	Note	Date of completion	Expiry
1/04/2024	Learn Code of Conduct (annually) as per Queensland Health Human Resources Policy (Mandatory Training 06 (QH-POL-103))			
3/06/2024	Learn First-Response Evacuation Instructions (annually) as per Queensland Health Human Resources Policy (Mandatory Training 06 (QH-POL-103))			
20/10/2024	Learn Public Interest Disclosure (Biannually) as per Queensland Health Human Resources Policy (Mandatory Training 06 (QH-POL-103))			
<input checked="" type="checkbox"/>	Learn Health, Safety and Wellbeing (Once only) as per Queensland Health Human Resources Policy (Mandatory Training 06 (QH-POL-103))			
<input checked="" type="checkbox"/>	Learn Occupational Violence Orientation - Awareness Only (Once only) as per Queensland Health Human Resources Policy (Mandatory Training 06 (QH-POL-103))			
<input checked="" type="checkbox"/>	Learn Prevention and Management of Musculoskeletal Disorders (Once only) as per Queensland Health Human Resources Policy (Mandatory Training 06 (QH-POL-103))			
<b>Other online learning/orientation modules as required by the Hospital and Health Service or profession (see Note 15)</b>				
Training/learning modules	Note	Date of completion	Expiry	
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

PLEASE READ AND AGREE THE CERTIFICATION/DECLARATION TO FINALISE YOUR STUDENT ORIENTATION CHECKLIST.

### Certification/declaration

I certify that I have read and understood the preceding topics, as per the Queensland Health website, in preparation for my clinical placement. I agree to comply with the guidelines and all procedures in place at the Queensland Hospital and Health Service facility at which I am placed, in respect of Queensland Health vaccination and infection control of health care workers. I understand that this orientation is one of the requirements of eligibility for a placement at a Queensland Hospital and Health Service facility within the Department of Health.

Student Name: Deepinder Kaur

Course (Degree): 2895 NUR287 G3.2 2023

Education Provider: University of the Sunshine Coast (Unisc)

Date: 6/11/2023

Submit



# USC CODE OF CONDUCT

You must complete a new USC code of Conduct prior to each placement. This will be added after you have been allocated.

Please print this from the form in Sonia Online.

Please note: example does not show the whole document.

## Student Placement Code of Conduct

When on a hospital and other health facility site, or at any other clinical site, students are expected to observe the highest standards and meet expectations in the following areas:

<p><b>1. Personal Presentation</b></p>	<ul style="list-style-type: none"> <li>Adhere to the professional dress and grooming standards of the hospital/other health facility site.</li> <li>Maintain high standards of personal hygiene.</li> </ul>
<p><b>2. Collegiality</b></p>	<ul style="list-style-type: none"> <li>Show a pleasant and personable demeanor at all times.</li> <li>Engage positively with all members of staff at the hospital/other health facility site, and adopt a collaborative approach at all times.</li> <li>Note and observe the customs, practices and traditions of the ward(s) to which you are assigned, and the whole hospital/other health facility.</li> <li>Comply with the expectations on staff as found in different areas of the site, such as duties, meetings and professional development.</li> <li>Manage emotional tensions with appropriate behavior and maturity.</li> <li>Identify and make use of the appropriate channels of redress for any grievance that may arise.</li> </ul> <p><i>Do not engage in public criticism of any colleague, be they another student nurse, your facilitator(s)/mentor(s), other staff member, or of the University and its staff.</i></p>
<p><b>3. Use of Resources</b></p>	<ul style="list-style-type: none"> <li>Respect the intellectual property of all materials supplied for your use or perusal by mentor(s) or other colleagues.</li> <li>Comply with policies and procedures regarding the use of audio-visual, library and other resources; and respect the budgetary limitations of the hospital/other health facility.</li> <li>Ensure that multiple copies of materials are prepared well in advance, and at an appropriate time, to avoid congestion at facilities provided for the hospital/other health facility staff.</li> <li>Offer your personal resources to mentors and their colleagues.</li> <li>Avoid using resources for personal business; but, if absolutely necessary, you should seek appropriate permission.</li> </ul>
<p><b>4. Policies and Legislation</b></p>	<ul style="list-style-type: none"> <li>Be familiar, and comply with, all nursing policies, rules and regulations at all times.</li> <li>Be familiar, and comply with, all NMBA and other systemic policies at all times.</li> <li>Be familiar, and comply with, all Queensland State legislation with regard to hospital/other health facilities, nurses, nurse-student relations and other relevant areas.</li> <li>Be familiar and comply with, all requirements pertaining to duty-of-care and the exercise of professional responsibilities.</li> <li>USC Nursing uniform to be worn in clinical settings only - or as directed by University staff for course or program requirements.</li> </ul>
<p><b>5. Professionalism</b> <small>'Always act in the best interests of your service users'</small></p>	<ul style="list-style-type: none"> <li>Commit completely to the timings of the hospital/other health facility and the placement.</li> <li>Observe university and hospital/other health facility requirements for attendance, and procedures for unavoidable absence. In particular, you must inform the appropriate person(s) if you are absent for medical or other reasons, in good time.</li> <li>Demonstrate the highest standards of punctuality and time-management.</li> <li>Thoroughly prepare for all aspects of clinical learning as expected, including documenting regularly proposed and implemented activities.</li> <li>Actively participate in the life of the hospital/site/community:             <ol style="list-style-type: none"> <li>by shadowing your facilitator(s) at all appropriate times.</li> <li>by willingly undertaking all clinical-related duties as requested.</li> <li>by showing initiative in offering your services to activities, duties and other opportunities.</li> </ol> </li> </ul>
<p><b>6. Confidentiality</b></p>	<p>I undertake not to communicate to any person any information, obtained during my attendance at any facility at which I am a student participating in a placement, which could identify an individual who is receiving or has received a health service unless:</p> <ul style="list-style-type: none"> <li>I am compelled to do so by law;</li> <li>the individual consents to the disclosure and only subject to the express terms of that consent; or</li> <li>the disclosure is required for further treatment of the individual.</li> </ul>

# ILEARN FIRST RESPONSE EVACUATION INSTRUCTIONS

- Complete this module in iLearn NOT SC-LOL.
- This is an annual requirement.
- Please ensure it is valid past the last date of your placement block.

Queensland Health

## Certificate of Completion

This is to certify that

**Dannielle Cochrane**

Successfully completed the course

## First-Response Evacuation Instructions (FREI)

**Issue Date:** Tuesday, October 4, 2022

**Expiry Date:** Wednesday, October 4, 2023



# ILEARN CODE OF CONDUCT

Please complete this module in iLearn NOT SC-LOL.

This is an annual requirement.

Please ensure it is valid past the last date of your placement block.

Queensland Health

## Certificate of Completion

This is to certify that

**Sally Jones**

Successfully completed the course

## Code of Conduct

**Issue Date:** Wednesday, March 26, 2021

**Expiry Date:** Thursday, March 26, 2022



# ILEARN PREVENTION AND MANAGEMENT OF MUSCULOSKELETAL DISORDERS



- Please complete this module in iLearn NOT SC-LOL.
- This is a once off module.

# ILEARN HEALTH SAFETY AND WELLBEING

## Certificate of Completion

This is to certify that

Dannielle Cochrane

Successfully completed the course

Work Health, Safety and Wellbeing Induction

Issue Date: Tuesday, October 4, 2022



Queensland  
Government

Queensland Health

- Please complete this module in iLearn NOT SC-LOL.
- This is a once off module.

# OCCUPATIONAL VIOLENCE ORIENTATION

- Please complete this module in iLearn NOT SC-LOL.
- This is a once off module.

Queensland

## Certificate of Completion

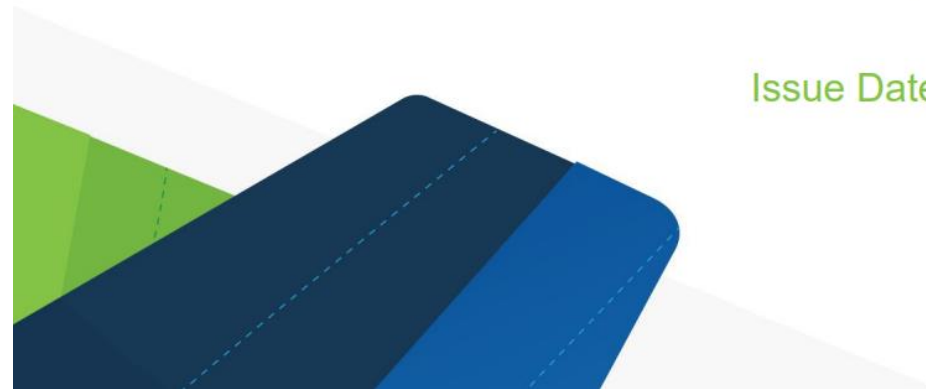
This is to certify that

**Dannielle Cochrane**

Successfully completed the course

Occupational Violence Orientation (awareness only)

Issue Date: Tuesday, October 4,



# PUBLIC INTEREST DISCLOSURE



- Please complete this module in iLearn NOT SC-LOL.
- This is to be updated every 2<sup>nd</sup> year.
- Please ensure it is valid past the last date of your placement block.

# QHEALTH TB RISK ASSESSMENT

Please take a printed copy of the first 3 pages of this form PLUS any evidence of TB test results, x-rays or clearance letters from the TB Control unit if required.

## Queensland Health Tuberculosis Risk Assessment Form for STUDENTS

Student Information	
Given name(s):	
Student Number:	
Education Provider:	
Course/Module of Study:	
Email:	

### Instructions:

- All students must be assessed for their risk of tuberculosis (TB) before commencing a clinical placement.
- Please complete the following questions and return the completed form and any additional documentation (if required) to your Education Provider Placement Coordinator prior to commencement of placement.
- Retain a copy of this form and any relevant documentation to take with you
- If you do not understand the questions please complete this form with your
- Further testing and/or health assessment may be required, depending on y

Privacy Notice: Personal information about students collected by Queensland Health is handled in accordance with collecting your personal information to meet obligations to protect the public and to provide a safe workplace as a 2018 and the Public Health Act 2005 and Public Health Regulation 2018. All personal information will be securely stored and up-to-date. Personal information recorded on this form will not be disclosed by Queensland Health to any third party without your consent. If you choose not to provide your personal information, you will not meet the condition of a placement or to be able to access your own personal information, please see

Part A: Signs of active TB - Do you currently have any of the following symptom	
1. Cough for more than 2 weeks (not related to an existing diagnosis or condition)	
2. Unexplained fever for more than 1 week	
3. Recent unexplained weight loss	
4. Coughing up blood	
5. Excessive sweating during the night for more than 1 week	
If you have answered YES to any questions from Part A:	
→ Make an urgent appointment with your doctor or TB Control Unit for assessment and a TB specialist may be recommended by your doctor.	
→ You will require a clearance for signs of active TB from the assessing unit provided to your Education Provider Placement Coordinator before you can	
→ Clearance for active TB required <input type="checkbox"/> No <input type="checkbox"/> Yes <span style="float: right;">Or</span>	



Part B: TB exposure risk history	
1. Were you born in Australia?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If no, in what country were you born?	
2. Other than Australia or your country of birth, have you spent three (3) months or more in total within the past five (5) years visiting or living in any other countries? (For example, two months in country A and one month in country B is three months in total).	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, which countries?	
→ Check the TB country incidence list ( <a href="http://www.health.nsw.gov.au/infectious/tuberculosis/Pages/high-incidence-countries.aspx">www.health.nsw.gov.au/infectious/tuberculosis/Pages/high-incidence-countries.aspx</a> ) for each country you have listed in questions 1 and 2 and complete the following questions.	
3. Were you born, and/or have you spent three (3) months or more in total within the past five (5) years visiting or living in countries with a TB burden greater than 40 cases per 100 000 population (see link above)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Have you been in direct contact with a person with active TB disease, without using appropriate infection control precautions, within the past 2 years and you were not assessed for exposure to TB by your public health authorities (Contact may be work or non-work related).	
5. Have you previously worked (> 3 months) in any of the following settings: respiratory units; infectious units or other medical units caring for infectious TB patients; clinical procedure units conducting bronchoscopy; TB laboratories; mortuaries?	
6. Have you ever been diagnosed with active TB (i.e. not latent TB)?	
If yes, in what year did you complete treatment?	
7. Do you have any underlying health issues or take any medications which may cause immunosuppression?	
If you have answered YES to any of questions 3 – 5 from Part B, you require a test for latent TB infection.	
→ an Interferon Gamma Release Assay (IGRA) blood test can be ordered by your doctor – path or indeterminate IGRA result requires further consultation at a TB Control Unit or with your doctor or a TB specialist.	
OR	
→ a Tuberculin Skin Test (TST/Mantoux test) can be performed by referral to a TB Control Unit – requires a follow-up appointment 2 or 3 days later.	
If testing for latent TB infection is required (and you have answered NO to all questions in Part A), you will require a follow-up appointment with your doctor or at a TB Control Unit.	
If you have answered YES to any of questions 6 – 7 from Part B, you require further assessment. Contact your doctor for advice.	
NOTE there is no out-of-pocket expense for treatment of TB in public health facilities in Queensland	

Part C: Previous TB risk assessment procedures: – In the time since encountering the risk you have undergone any assessments or screening as below. If you have previously had a test, unnecessary repetition of testing please take (if available) any supporting documents as indicated below to your doctor or TB Control Unit.	
Previous employment or immigration screening for TB?	
Previous TB risk assessment is on SPA (Staff Protect Application-Queensland Health Data Base)	
Previous pathology result (Quantiferon test or T-spot test)	
Previous printed result of a tuberculin skin test result (also called Mantoux test)	

Queensland Health

Queensland Health

Assessment Summary: Please tick the appropriate TB Risk Assessment Outcomes.	
If YES to any questions in Part A clearance for active TB is required prior to placement <input type="checkbox"/>	Clearance for active TB attached to Risk Assessment form and returned to your Education Provider Placement Coordinator <input type="checkbox"/>
If NO to all questions in Part A AND NO to Part B questions 3 to 7 (inclusive)-Nil further assessment required <input type="checkbox"/>	Completed and signed Risk Assessment form returned to your Education Provider Placement Coordinator <input type="checkbox"/>
If YES to any of questions Part B questions 3 – 7 further testing/consultation with a doctor or consultation at a TB Control Unit is required <input type="checkbox"/>	Completed and signed Risk Assessment form returned to your Education Provider Placement Coordinator <input type="checkbox"/> Student consents to undertake assessment with a doctor or at a TB Control Unit <input type="checkbox"/>
TB Control Units Contact Details <a href="http://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases/infection/diseases/tuberculosis">www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases/infection/diseases/tuberculosis</a>	
Acknowledgement and Consent:	
I certify that I have read and understand the <a href="#">Queensland Health Protocol for the control of tuberculosis—section 3.3 TB Workers and students in health care facilities risk assessment</a> on the Queensland Health Clinical Placement website, in preparation for my placement. I agree to comply with the guidelines and all procedures in place at the Queensland Hospital and Health Service facility at which I am placed, in respect of Queensland Health vaccination and infection control of health care workers.	
I understand that this risk assessment and any required follow-up action is one of the requirements of eligibility for a placement at a Queensland Hospital and Health Service facility, and I agree to take action as required.	
I consent to my education provider giving personal information in this form to Queensland Health (including the Department of Health and Hospital and Health Services) for placement and infection management planning and response. This may include infection control units and TB control units.	
I certify that the information I have provided in this risk assessment is true and correct.	
Full Name:	
Signed:	Date:

### Further information and Resources

- Tuberculosis Risk Assessment- Frequently Asked Questions (FAQ) for Workers in Queensland Health Facilities
- Tuberculosis Risk Assessment-Guideline for Education Provider Placement Co-ordinators



# CARELEVER RECORD OF COMPLIANCE

For FIRST YEAR and NEW students only.

Your record must show compliance for;

Hepatitis B

MMR

Varicella

Pertussis

Tuberculosis

## RECORD OF COMPLIANCE

PERSONAL DETAILS	
<b>Name:</b> Grace Thompson	<b>Date of Birth:</b> 28/12/1995
<b>Company:</b> University of the Sunshine Coast	<b>Position:</b>

COMPLIANCE INFORMATION		
Name	Details	Expiry Date
UniSC - Hepatitis B	Hepatitis B Cleared - Reviewed by KINNECT	
UniSC - Measles, Mumps and Rubella (MMR)	MMR cleared - Reviewed by KINNECT	
UniSC - Pertussis/Whooping Cough	Pertussis cleared - Reviewed by KINNECT	06/02/2034
UniSC - Tuberculosis	Tuberculosis Cleared - Reviewed by KINNECT	
UniSC - Varicella	Varicella cleared - reviewed by KINNECT	

UniSC - Hepatitis B	
<b>Current Status:</b> Hepatitis B Cleared - Reviewed by KINNECT	<b>Expiry Date:</b>
<b>Were your Hepatitis B vaccines given between the ages of 11 and 15?</b> true	
<b>Date of 1st Vaccination</b> 06/02/2023	
<b>Date of 2nd Vaccination</b> 07/04/2023	
<b>Date of Hepatitis B Serology</b> 08/05/2023	
<b>Is your first serology Titre Level equal to or above 10 mIU/mL?</b> true	

UniSC - Measles, Mumps and Rubella (MMR)	
<b>Current Status:</b> MMR cleared - Reviewed by KINNECT	<b>Expiry Date:</b>
<b>Were you born in Australia?</b> true	
<b>Is your birth date prior to 1966?</b> false	
<b>Are you immune to Measles, Mumps and Rubella (MMR)?</b> false	
<b>Date of 1st vaccination</b> 01/01/2023	
<b>Date of 2nd vaccination</b> 01/02/2023	

UniSC - Pertussis/Whooping Cough	
<b>Current Status:</b> Pertussis cleared - Reviewed by KINNECT	<b>Expiry Date:</b> 06/02/2034
<b>Date of Pertussis/Whooping Cough vaccination</b> 06/02/2024	

UniSC - Tuberculosis	
<b>Current Status:</b> Tuberculosis Cleared - Reviewed by KINNECT	<b>Expiry Date:</b>
<b>Did you answer yes to any questions in Part A?</b> false	
<b>Did you answer yes to any of questions 3-5 in Part B?</b> false	
Grace Thompson 28/12/1995	1 of 2

<b>Were you born in or have you spent any more than 3 months in a high risk country?</b> false
<b>Did you answer yes to questions 6-7 from Part B?</b> false

UniSC - Varicella	
<b>Current Status:</b> Varicella cleared - reviewed by KINNECT	<b>Expiry Date:</b>
<b>Do you have a documented history of chickenpox or documentation of physician-diagnosed shingles?</b> true	

# USC VACCINATION EVIDENCE FORM

For SECOND and THIRD year students.

Your form MUST have the following;

Dates of vaccines or serology tests

Initials from your GP that you are compliant

The GP's stamp and signature at the top of the form

Your details at the top of the form

## Vaccination Evidence Form



Student Details (Student to complete)

Surname: <u>JONES</u>	<b>MEDICAL PRACTICE STAMP including:</b> Practice Name Health professional name Designation Provider number Signature
First name: <u>Sally</u>	
Date of birth: <u>12-12-1970</u>	
Address: <u>123 Sesame Street Maroochydore 4558</u>	
USC Student ID: <u>1117771</u>	

### Immunisations (Health Practitioner ONLY to complete)

Discase	Evidence of vaccination (If less select ONE option for mark)	General Practitioner Clinical Assessment
Measles, Mumps and Rubella (MMR)	<input checked="" type="checkbox"/> Two documented doses of MMR vaccine at least one month apart Date of doses 1: <u>10/5/20</u> 2: <u>10/6/20</u> OR <input type="checkbox"/> Documented evidence of positive IgG for MMR Date of serology: <u>   /   /   </u> OR <input type="checkbox"/> Birth date before 1966	Doctor to initial when compliant: Initial: <u>   </u>
Pertussis (Whooping Cough) OR dTpa (Diphtheria, Tetanus & Whooping Cough)	<input checked="" type="checkbox"/> Documented evidence of one adult dose of dTpa within the past ten years Date of dose: <u>10/5/2020</u>	Doctor to initial when compliant: Initial: <u>   </u>
Varicella (Chicken Pox)	<input checked="" type="checkbox"/> 2 Documented doses of Varicella vaccine at least one month apart Date of doses 1: <u>10/5/20</u> 2: <u>10/6/20</u> (Documented childhood vaccination acceptable as 1 <sup>st</sup> dose) OR <input type="checkbox"/> Documented evidence of positive IgG for Varicella Date of serology: <u>   /   /   </u> OR <input type="checkbox"/> History of chickenpox or documentation of physician-diagnosed shingles	Doctor to initial when compliant: Initial: <u>   </u>
Hepatitis B Please note: accelerated schedules are not accepted	<input checked="" type="checkbox"/> Course of Hepatitis B <small>(Must have had at least 2 together one month apart in order to be partially compliant. The course must be completed in 60 days with 15 days between 2 doses and an antibody test 4-6 weeks after the 2<sup>nd</sup> dose.)</small> Date of doses 1: <u>10/5/20</u> 2: <u>10/6/20</u> 3: <u>10/11/20</u> OR <input type="checkbox"/> For non-responders: documented history of primary and secondary course of vaccinations as per recommended schedule <sup>1</sup> and anti-HBs > 10mIU/ml require a completed initial course of Hep B vaccine plus a secondary course of the vaccine Date of doses 4: <u>   /   /   </u> 5: <u>   /   /   </u> 6: <u>   /   /   </u> OR <input checked="" type="checkbox"/> Serology confirms anti-HBs > 10mIU/ml <sup>1</sup> (4-8 weeks after completion of primary course) Titre level: <u>735</u> Date of serology: <u>10/12/20</u> OR <input type="checkbox"/> Documented evidence of anti-HBs, indicating past (but not current) Hep B infection	<input type="checkbox"/> Partially compliant GP Initial and Date: <u>   </u> <u>10/11/20</u> <input checked="" type="checkbox"/> Fully compliant GP Initial and Date: <u>   </u> <u>10/12/20</u>

# HEPATITIS B SEROLOGY

Please place a copy of your Hepatitis B serology report in your folder.

If you are a non-responder you must show evidence that you are up to date with a secondary course of vaccines and serology tests.

JONES, SALLY  
123 SESAME MAROOC 4111  
Phone: 4522121  
Birthdate: 30/06/1974 Sex: F Medicare Number: 211111111  
Your Reference: Lab Reference: 19-61111111-HPP-0  
Laboratory: QML Pathology  
Addressee: DR ROSS Referred by: DR ROSS  
  
Name of Test: HEPATITIS A B C MASTER  
Requested: 25/01/2019 Collected: 25/01/2019 Reported: 25/01/2019  
19:10

## HEPATITIS SEROLOGY

Hepatitis B surface antibody (HBsAb) : 65 mIU/mL

### IMMUNE to Hepatitis B

Booster doses of HepB vax are not required if seroconversion is documented after vaccination of immunocompetent patients. Booster doses may be required in dialysis patients, HIV positive patients or immunosuppressed patients.

Please note under some circumstances a person with an antibody level of <30 mIU/mL who has had a distinct Hepatitis B exposure may need consideration for additional vaccine.

Tests Completed: HBSAB  
Tests Pending : VZV IGG, HCG (QUANT)

# FIT TEST CARD/REPORT

**Respirator Fit Test Card**

Name: JOHN SMITH	Test Date: 11/12/2004
ID: 9876543210	Next Test Due: 11/12/2005
<b><u>Respirator</u></b>	
Mfg: MSA	Overall FF: 5490
Model: ULTRA-TWIN	FF Pass Level: 500
Style: FULL-FACE	Pass: YES
Size: MEDIUM	Operator: JW
Protocol: OSHA 29CFR1910.134	
Fit Test Method: QNFT using TSI PortaCount	
Fit Test provided by XYZ Inc.	

You are required to take evidence of your Fit Testing for PPE Masks.

You are to be tested annually and must be valid past the last day of your placement block.

# SITE REQUIREMENTS

Please print a copy of all evidence that you have completed any site mandatory requirements that you have been asked to complete for the facility you are attending.

# COVID-19 VACCINATION

Some placement host organisations may still require COVID-19 vaccinations now or in the future. If you are not fully vaccinated, it is important to know that placement opportunities in this program may be limited.

Your vaccination digital certificate is preferred.



The image shows a digital certificate from the Australian Government. At the top is the Australian coat of arms and the text 'Australian Government'. Below this is a green banner with 'COVID-19 digital certificate' and a checkmark icon. The main text states: 'This individual has received all required COVID-19 vaccinations.' The certificate lists the following details:

Name	HARRY POTTER	Date of birth	31/07/1980
Individual Healthcare Identifier (IHI)	8015 2353 1325 1111	Document number	123123
Valid from	2/3/2022		
Vaccinations		Dates received	
AstraZeneca Vaxzevria		16 Aug 2021	
AstraZeneca Vaxzevria		08 Nov 2021	
Pfizer Comirnaty		02 Mar 2022	

**Disclaimer**  
This certificate shows your COVID-19 vaccination details as reported to the Australian Immunisation Register by your vaccination provider. It is available because you have received all required COVID-19 vaccinations.

Every effort is made to ensure that the information contained on the Australian Immunisation Register is correct. The data is based on information provided by vaccination providers and the accuracy of data is dependent on the quality and timeliness of information provided.

If any of the details are not correct, please ask your vaccination provider to provide the correct details. They can call us on 1800 653 809 (call charges may apply).

If you have any questions about this certificate please call the Australian Immunisation Register on 1800 653 809 (call charges may apply).

**Please note, if you are noncompliant and do not take your documents in a folder to Orientation, you will be removed from placement and unable to continue placement for 12 months. You will be sent directly back to USC where you will be informed of your placement cancellation and your inability to undertake placement until the following year.**

Fit for Placement Office

5456 5487

H1.G.66 – Sippy Downs

[ffpo@usc.edu.au](mailto:ffpo@usc.edu.au)