



YOUR NURSING PLACEMENT PORTFOLIO

22/02/2024

CHECKLIST OF DOCUMENTS

Blue Card or AHPRA

CPR Certificate

Flu Vaccination

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)

NDIS Worker
Screening Card

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



AHPRA REGISTRATION

If you are an EN and have an AHPRA Registration, it must be valid past the last day of your placement block and have no Conditions etc.



This is to certify that

Sally Jones

Is a registered

Nurse

Enrolled Nurse (Division 2)

with General Registration

Registration number: NMW0001111111

Notations

Nil

Conditions

Nil

Undertakings

Nil

Reprimands

Nil

Registration requirements

Nil

Registration expiry: 31/05/2022

This certificate is not to be used to confirm registration information.
The online register of practitioners is the only way to verify accurate, up to date information about the registration status of this practitioner.
Visit www.ahpra.gov.au

Date printed by registrant: 01/04/2021

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

FLU VACCINATION

FIRST YEAR STUDENTS OR SITE SPECIFIC REQUIREMENT

Evidence of your annual flu
vaccination from your GP, Chemist
or Immunisation Record.

New flu vaccinations are available
every March/April.

	TerryWhite Chemmart Buderim 16-18 King Street BUDERIM QLD 4556 Phone: 07 5445 1036 Fax: 07 5476 9018 Email: dispensary@buderimchemmartsupers tore .com.au	Immunisation Administration Statement
Consumer Details		
Name:	SALLY JONES	Date of Birth: 12/12/1974
Address:	123 SEASAME STREET MAROOCHYDORE	Medicare Number: 44161111111
		Medicare Expiry Date: 01/01/2022
Vaccinations		
Infectious disease: Influenza (Flu)		
Brand Name: AFLURIA QUAD	Batch: 211111	Expiry Date: 28/02/2022
Dose (mL): 0.5	Date: 08/04/2021	Time: 09:02
Site of Administration: Left Arm		
Consumer Medicines Information leaflet provided: No		
Authorised Immuniser		
Date:	08/04/2021	
Name:	JOHN STAMOS	
CPD Accreditation No.:		
Signature:		
Contact Details:	TerryWhite Chemmart Buderim 16-18 King Street, BUDERIM QLD 4556 07 5445 1036	
<small>The Immunisation Administration Statement ("The Document") has been developed in electronic format by MedAdvisor International Pty Ltd ("MedAdvisor") based on the Practice guidelines for the provision of immunisation services within pharmacy (Dec 2014) developed by the Pharmaceutical Society of Australia (the guidelines) and the Australian Immunisation Handbook (June 2015) developed by the Australian government, Department of Health (the guidelines). The Document must be used in accordance with the guidelines and other relevant industry standards, codes, regulations and laws. Consistent with the guidelines pharmacists must exercise professional judgement in using the Document, this may include adapting it to better address specific presenting circumstances. MedAdvisor accepts no liability for any loss with any person that may suffer as a result of reliance on the Document or any information contained therein.</small>		

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

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

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.

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

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



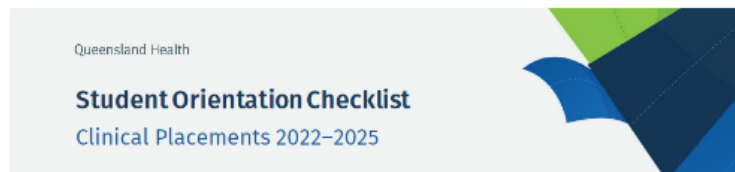
QHEALTH STUDENT ORIENTATION CHECKLIST

▪ 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 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
	All Students			
<input checked="" type="checkbox"/>	National Police Certificate	1	17/06/2022	17/06/2025
	As required (by legislation/placement location/education provider)			
<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)
	All Students			
<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
	Other vaccinations as required/recommended (by legislation/placement location/education provider) (see Note 13)			
<input checked="" type="checkbox"/>	Influenza Vaccination		10/05/2023	
<input type="checkbox"/>				

Online learning/orientation modules

Expiry: 1/04/2024	Learn Code of Conduct (annually) as per Queensland Health Human Resources Policy /Mandatory Training 06 (QH-POL-103)	14		
Expiry: 3/06/2024	Learn First-Response Evacuation Instructions (annually) as per Queensland Health Human Resources Policy /Mandatory Training 06 (QH-POL-103)	14		
Expiry: 20/10/2024	Learn Public Interest Disclosure (Biannually) as per Queensland Health Human Resources Policy /Mandatory Training 06 (QH-POL-103)	14		
<input checked="" type="checkbox"/>	Learn Health, Safety and Wellbeing (Once only) as per Queensland Health Human Resources Policy /Mandatory Training 06 (QH-POL-103)	14		
<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)	14		
<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)	14		
Other online learning/orientation modules as required by the Hospital and Health Service or profession (see Note 15)				
	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

<input checked="" type="checkbox"/>	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 (UnSC)

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:

1. Personal Presentation	<ul style="list-style-type: none"> Adhere to the professional dress and grooming standards of the hospital/other health facility site. Maintain high standards of personal hygiene.
2. Collegiality	<ul style="list-style-type: none"> Show a pleasant and personable demeanor at all times. Engage positively with all members of staff at the hospital/other health facility site, and adopt a collaborative approach at all times. Note and observe the customs, practices and traditions of the ward(s) to which you are assigned, and the whole hospital/other health facility. Comply with the expectations on staff as found in different areas of the site, such as duties, meetings and professional development. Manage emotional tensions with appropriate behavior and maturity. Identify and make use of the appropriate channels of redress for any grievance that may arise. <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>
3. Use of Resources	<ul style="list-style-type: none"> Respect the intellectual property of all materials supplied for your use or perusal by mentor(s) or other colleagues. 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. 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. Offer your personal resources to mentors and their colleagues. Avoid using resources for personal business; but, if absolutely necessary, you should seek appropriate permission.
4. Policies and Legislation	<ul style="list-style-type: none"> Be familiar, and comply with, all nursing policies, rules and regulations at all times. Be familiar, and comply with, all NMBA and other systemic policies at all times. Be familiar, and comply with, all Queensland State legislation with regard to hospital/other health facilities, nurses, nurse-student relations and other relevant areas. Be familiar and comply with, all requirements pertaining to duty-of-care and the exercise of professional responsibilities. USC Nursing uniform to be worn in clinical settings only - or as directed by University staff for course or program requirements.
5. Professionalism <small>'Always act in the best interests of your service users'</small>	<ul style="list-style-type: none"> Commit completely to the timings of the hospital/other health facility and the placement. 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. Demonstrate the highest standards of punctuality and time-management. Thoroughly prepare for all aspects of clinical learning as expected, including documenting regularly proposed and implemented activities. Actively participate in the life of the hospital/site/community: <ol style="list-style-type: none"> by shadowing your facilitator(s) at all appropriate times. by willingly undertaking all clinical-related duties as requested. by showing initiative in offering your services to activities, duties and other opportunities.
6. Confidentiality	<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"> I am compelled to do so by law; the individual consents to the disclosure and only subject to the express terms of that consent; or the disclosure is required for further treatment of the individual.

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

- 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

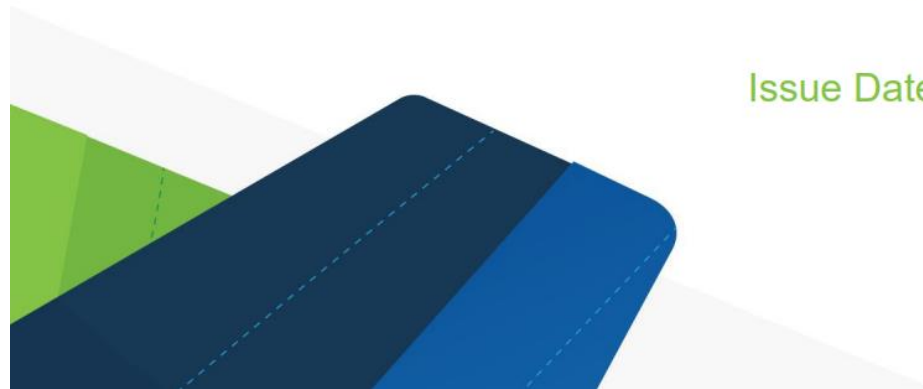
This is to certify that

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 2nd year.
- Please ensure it is valid past the last date of your placement block.

NDIS WORKER SCREENING CARD

- You must carry a valid NDIS Card.
- Ensure it is valid past the last day 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 your

Privacy Notice: Personal information about students collected by Queensland Health is handled in accordance with the Australian Privacy Principles (APPs) and the Privacy Act 1988. This information is collected for the purpose of providing a safe workplace as a condition of employment. Personal information recorded on this form will not be disclosed to Queensland Health staff or other health professionals. If you choose not to provide your personal information, you will not meet the condition of employment. If you have any questions about your right to access your own personal information, please see the Privacy Act 1988.

Part A: Signs of active TB - Do you currently have any of the following symptoms?	
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. A TB specialist may be recommended by your doctor.	
→ You will require a clearance for signs of active TB from the assessing doctor provided to your Education Provider Placement Coordinator before you commence placement.	
→ Clearance for active TB required <input type="checkbox"/> No <input type="checkbox"/> Yes	
Or	



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 country/ies? (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 (www.health.nsw.gov.au/infectious/tuberculosis/Pages/high-incidence-countries.aspx) 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 country/ies 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 local 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 and/or sputum induction; 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 – pathologist or indeterminate IGRA result requires further consultation at a TB Control Unit or with your doctor.	
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 placement. However, you must undertake further assessment with a 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 TB risk assessment, have you undergone any assessments or screening as below. If you have previously had a TB 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 Protection 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 – 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 www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infectious-diseases/tuberculosis	
Acknowledgement and Consent:	
I certify that I have read and understand the Queensland Health Protocol for the control of tuberculosis – section 3.3 TB Workers and students in health care facilities risk assessment 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	
Name: Grace Thompson	Date of Birth: 28/12/1995
Company: University of the Sunshine Coast	Position:

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

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

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

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

1 of 2

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

UniSC - Varicella	
Current Status: Varicella cleared - reviewed by KINNECT	Expiry Date:
Do you have a documented history of chickenpox or documentation of physician-diagnosed shingles? 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>	MEDICAL PRACTICE STAMP including: 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 Seaside Street</u> <u>Maroochydore 4558</u>	
USC Student ID: <u>1117771</u>	

Immunisations (Health Practitioner ONLY to complete)

Disease	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> / <u> </u> / <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 st dose) OR <input type="checkbox"/> Documented evidence of positive IgG for Varicella Date of serology: <u> </u> / <u> </u> / <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 (Must have had at least 2 together one month apart in order to be partially compliant. The course must be completed in accordance with the schedule. Hepatitis B is a viral infection that can be spread through blood or body fluids.) 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 ¹² and anti-HBc (10mIU/ml) require a completed initial course of Hep B vaccine plus a secondary course of the vaccine Date of doses 4: <u> </u> / <u> </u> / <u> </u> 5: <u> </u> / <u> </u> / <u> </u> 6: <u> </u> / <u> </u> / <u> </u> OR <input checked="" type="checkbox"/> Serology confirms anti-HBs > 10mIU/ml ¹² (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

Respirator **Results**

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 sample of an Australian Government COVID-19 digital certificate. At the top is the Australian Government crest and the text 'Australian Government'. Below this is a green banner with 'COVID-19 digital certificate' and a checkmark icon. The main body of the certificate states: 'This individual has received all required COVID-19 vaccinations.' It then lists personal details: Name (HARRY POTTER), Date of birth (31/07/1980), Individual Healthcare Identifier (IHI) (8015 2353 1325 1111), and Document number (123123). The validity period is 'Valid from 2/3/2022'. A table lists the vaccinations received: AstraZeneca Vaxzevria (16 Aug 2021), AstraZeneca Vaxzevria (08 Nov 2021), and Pfizer Comirnaty (02 Mar 2022). A disclaimer at the bottom explains that the certificate is based on information reported to the Australian Immunisation Register and that the accuracy of the data is dependent on the quality and timeliness of the information provided. It also provides contact information for the Australian Immunisation Register (1800 653 809).

Australian Government

COVID-19 digital certificate ✓

This individual has received all required COVID-19 vaccinations.

Name	Date of birth
HARRY POTTER	31/07/1980
Individual Healthcare Identifier (IHI)	Document number
8015 2353 1325 1111	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