UNIVERSITY of TASMANIA AUSTRALIA

Tasmanian STUDENT IMMUNISATION RECORD

College of Health and Medicine

Student to complete this section.

Surname:	Given Names:	Date of Birth:
Mobile Number:	Email Address:	Student ID:

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			
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			
Dose 2 ☐ Tick for adolescent course			
Dose 3			
AND			
Serology: anti-HBs (numerical value)		*Result* *IU/L*	
		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			
Dose 2			
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 ☐ Tick if given prior to 14 years			
Dose 2			
Booster if required			
OR			
Serology Varicella		IgG result	
OR			
Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox			AIR statement sighted ☐ YES ☐ NO

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Influenza vaccine (TGA approved/recognised vaccine)			
COVID-19 vaccine (TGA approved/recognised vaccine)			

TB Screening	**Date**		**Assessed by/Given by/Read by** *(clinic/practice stamp, full name & signature next to each entry)*
Requires TB screening		☐YES ☐NO	
Past vaccination BCG		☐YES ☐NO	
Interferon Gamma Release Assay (IGRA) (circle test result)			
IGRA		Positive Indeterminate Negative	
IGRA		Positive Indeterminate Negative	
Tuberculin Skin Test (TST)			
TST Administration			
TST Reading		Induration mm	
TST Administration			
TST Reading		Induration mm	
Referral to Respiratory/TB clinic required?		☐YES ☐NO	
TB Clinical Review			
Chest X-Ray			
Other			
Notes:			
TB Compliance – TB/Respiratory Clinic or qualified assessor (circle correct response)			
TB Compliance Assessment		Compliant Temporary Compliance Non-compliant	
TB Compliance Assessment		Compliant Temporary Compliance Non-compliant	