

Dear Student / Parent / Guardian,

Students working within the healthcare setting are required to provide immunisation and health screening records to

- Ensure contractual obligations to Ballarat Health Services, and
- Protect students from acquiring vaccine preventable diseases and from transmitting infections to vulnerable contacts.

The checklist on page 2 outlines the necessary immunisation and health screening requirements prior to placement at Ballarat Health Services and is consistent with the National Immunisation Program (NIP) as published in the Australian Immunisation Handbook, 10<sup>th</sup> Edition, (2017 update), and the National Health and Medical Research Council (NHMRC) Guidelines.

Your assistance is greatly appreciated.

Sue Flockhart  
Manager – Infection Prevention and Control / Workforce Immunisations  
Ballarat Health Services

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**Base Hospital**

Drummond Street North, Ballarat  
PO Box 577, Ballarat 3353  
Telephone 03 5320 4000  
Facsimile 03 5320 4828

**Queen Elizabeth Centre**

102 Ascot Street South, Ballarat  
PO Box 199, Ballarat 3353  
Telephone 61 3 5320 3700  
Facsimile 61 3 5320 3860

**Mental Health**

Sturt Street, Ballarat  
PO Box 577, Ballarat 3353  
Telephone 03 5320 4100  
Facsimile 03 5320 4028

## IMMUNISATION CHECKLIST

### Work Experience Students

Employee (PRINT CLEARLY)	
<b>Surname:</b>	<b>First name:</b>
<b>Address:</b>	
<b>Mobile:</b>	
<b>Date of Birth:</b>	<b>Email:</b>
<b>All sections of this form are mandatory and must be completed or the form will be rejected. This form must be completed and returned with all available immunisation evidence before commencement of placement</b>	
BHS VACCINATION / HEALTH SCREENING REQUIREMENT	
HEPATITIS B	<b>Please obtain records of vaccination from your GP, your local council or through the MyGov website</b>
DIPHTHERIA/TETANUS/ PERTUSSIS	
MEASLES	
MUMPS	
RUBELLA	
VARICELLA	
<b>INFLUENZA</b>	<input type="checkbox"/> Annual Influenza vaccine strongly recommended.
<b>Parent / Guardian Declaration:</b>	
I, the undersigned declare that I have provided all available immunisation evidence, and if further vaccinations are requested, that these will be done prior to placement and my own expense.	
<b>Date:</b>	<b>Signature:</b>