

Hepatitis B Immunisation Certificate

**HBDS Bachelor of Dermal Sciences
College of Health & Biomedicine**

Student details			
First name:		Surname:	
Student ID:		Date of Birth:	
Student Signature:			
Instructions for Medical Practitioner			
<p>Complete this Certificate after any indicated blood test results are available and vaccinations given. If a 3-dose course of hepatitis B vaccination is required, complete this after the second dose. When the course is completed and post- vaccination serology results available, ask the student to bring this Certificate back to be updated.</p>			
Hepatitis B	<input type="checkbox"/> Serological Testing Recommended	Blood Test Result: Immune / Not Immune	<input type="checkbox"/> Confirmed by blood test result, OR
	<input type="checkbox"/> Vaccination Recommended	Vaccine (Dose 1): YES / NO Date: / / Vaccine (Dose 2): YES / NO Date: / / Vaccine (Dose 3): YES / NO Date: / /	<input type="checkbox"/> Not immune Placement Clearance letter attached
Medical Practitioner / Registered Nurse Statement			
I confirm that the above-named person has acceptable evidence of immunity to the vaccine-preventable infections noted above.			
Name:		Contact details or Stamp:	
Signature:		Date:	

This form must be uploaded to VU WIL – In Place by the due date, otherwise you will be discontinued from the Professional Practice unit which will delay your course progression.

Victoria University is collecting this information on this form to confirm the named student's eligibility for practical experience placement according to the Department of Health and Human Services and it will also provide this immunisation status information to placement sites, including hospitals and private medical offices if required. Victoria University manages personal information in accordance with the *Privacy and Data Protection Act 2014* (Vic) and the *Health Records Act* (Vic) 2001. The VU privacy policy may be viewed at <https://www.vu.edu.au/privacy>