

Immunisation Standard for all Nursing Students on Clinical Placement

**The following are the requirements for all nursing students on clinical placement at the Children's Hospital at Westmead.(CHW)**

All overseas and interstate nursing students must provide this evidence at least 12 weeks prior to receiving a formal offer of placement.

All NSW students are offered placements on the proviso that their Universities have determined that the students meet these requirements. These students will need to provide the evidence of compliance on arrival at CHW and before having patient contact.

Student  
Name \_\_\_\_\_

**Y/N Date**

**Adult Diphtheria and Tetanus**

Booster of Adult Diphtheria & Tetanus in last 10 years  
**and**

\_\_\_\_\_

**Hepatitis B**

Serological evidence measured in last 10 years showing >10mIU/ml antibodies to Hepatitis B  
**and**

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**Measles/Mumps and Rubella**

Serological evidence measured in the last 10 years showing antibodies to measles and mumps and rubella  
**or**

\_\_\_\_\_

Evidence of two (2) doses of MMR in the last 6 months and at least 12 weeks prior to arrival at CHW  
**and**

\_\_\_\_\_

**Varicella (Chickenpox)**

Serological evidence measured in the last 10 years showing antibodies to Varicella  
**or**

\_\_\_\_\_

Evidence of two (2) doses of vaccine in the last 6 months and at least 12 weeks prior to arrival at CHW  
**and**

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**Tuberculosis**

Documented evidence of a Bacille Calmette-Guerin Vaccination (BCG) given. In cases where this was not given see below \*  
**and**

\_\_\_\_\_

Tuberculin Skin test within the last 6 months prior to arrival at CHW

\_\_\_\_\_

For those with a Documented BCG a Grade 2 positive skin test is acceptable

\*For those who have not have a BCG a negative tuberculin is acceptable  
**or**

Chest Xray showing no tuberculosis infection

\_\_\_\_\_

**Verification**

The above immunisation results have been verified as true and correct

PTO

\_\_\_\_\_  
Signature of Medical Practitioner or Occupational Health/Infection Control Officer

## Travel Declaration

I declare that in the 12 months preceding my placement at Children's Hospital at Westmead I have not travelled to another country

or

I have travelled to the following countries in the last 12 months (please list)



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**Signature of Student**

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