



**Pre-Placement Health Screening Form-Unremunerated Clinical Agreement
(to be completed by the applicant)**

Name:	
Date of Birth:	
Phone:	
Patient level Contact: (please circle the correct level)	1. No patient contact (administrative role) 2. Observation only 3. Direct patient Contact
Supervisor while on placement:	
Date and area of your placement:	

To ensure your safety, you must provide proof of vaccination or supply serological evidence of immunity before commencing the course. Your GP can assist with this.

Immunisation History	Acceptable evidence to demonstrate protection	Proof attached for clearance?
Measles, Mumps, Rubella	<i>Documented evidence of 2 doses of MMR vaccine at least 1 month apart; or documented evidence of positive IgG for Measles, Mumps and Rubella</i>	
Varicella (Chickenpox)	<i>Documented evidence of positive Varicella IgG or documented evidence of 2 Varicella vaccinations at least one month apart</i>	
Hepatitis B (Not applicable to Patient Level 1 contact-administration role)	<i>Documented evidence of a completed, age appropriate course of hepatitis B including evidence of post vaccination Hepatitis B surface antibody ≥ 10 IU/mL or presence of anti-HB's</i>	
Pertussis (Whooping cough)/Diphtheria/Tetanus	<i>One documented dose of adult dTpa vaccine within the last 10 years</i>	
Influenza Vaccination	<i>Current winter season influenza vaccination: Date:</i>	
COVID Vaccination	<i>Date 1st :</i>	<i>Date 3rd :</i>
	<i>Date 2nd :</i>	<i>Date Booster:</i>
	<i>COVID-19 digital certificate (this must show all three vaccinations) OR Your immunisation history statement OR Written confirmation of vaccination issued by the Department of Health OR An international COVID-19 Vaccination Certificate</i>	

Tuberculosis Screening	YES	NO
Have you had a BCG vaccination?		
Documentation of baseline screening is required (Mantoux or Heaf or Quantiferon test) Date & Result:		

MRSA Screening (only applicable for patient level 3 contact-direct patient contact).	YES	NO
<p>Have you been working or been a patient in a hospital or nursing home outside WA in the last 12 months?</p> <p>If yes, please provide a copy of the nose and throat screening. MRSA screening swabs can be collected outside of WA, as long as the applicant has not worked since collection of the screening swabs.</p>		
Health History		
<p>Are you currently being treated by a doctor or health professional for any illness or injury? Details:</p>		
<p>Do you have a medical condition which may be aggravated or could reoccur due to the type of work you will be undertaking while on placement? Details:</p>		
<p>Are there any reasons that you may not be able to physically, emotionally or mentally perform the duties assigned to you while on placement? Details:</p>		
<p>Do you have a current workers compensation claim or have you ever made a claim for workers compensation, motor vehicle injury, disability or invalidity? Details:</p>		

Applicant Declaration:

I have understood and declare that the information I have provided is accurate and to the very best of my current knowledge and I have not withheld any relevant information. I declare I am fit for the inherent requirements of placement and understand I must immediately report any fitness issues to my site coordinator.

Signed:

Date:

Thank you for your cooperation in providing this information. Please return this completed form and proof of immunity to your placement supervisor.

Please note: You cannot commence placement at RPBG until you have completed these requirements. Incomplete forms, including the requested documented evidence for your immunisation history (including TB and MRSA) will be returned to you. This may delay your placement process or lead to rescinding of the approval. Cost for completing testing for health screens are the responsibility of the applicant.