

## In Association with



CRICOS Provider No: 00103D

## **VACCINATION HISTORY**

| Student ID | 30091698 | Student Name: | SANOBER- ALI | DOB | 2/10/79 |
|------------|----------|---------------|--------------|-----|---------|
|------------|----------|---------------|--------------|-----|---------|

All applicants must provide acceptable evidence against the specified infectious diseases listed below before acceptance into the clinical placements in the hospital. All areas below must be completed and signed by your doctor. Please provide acceptable evidence against the specified infectious diseases listed below before acceptance into the program.

|    | Infectious Disease                | Acceptable Evidence to Demonstrate Protection  | Signed by GP | Comments by GP                                       |
|----|-----------------------------------|--|--------------|--|
| XX | Diphtheria, tetanus,<br>pertussis | One documented dose of adult dTpa vaccine including date of administration.  | Shal.N       | Hadonly Telanus are                                  |
|    | Polio                             | One documented dose of vaccine including date of administration.   | Sl.W         | 7/11/2000 documentic                                 |
|    | Hepatitis B                       | Documented evidence of anti-HBs > 10mlU/mL including dates of administration (following completion of age appropriate course of Hepatitis B vaccine); or documented evidence of past hepatitis B infection (anti-HBc). | i Sl. N      | Surface<br>Antibodies + D<br>24 16/00 junt Hefi      |
|    | Measies, mumps, rubella           | Documented evidence of 2 doses of MMR vaccine at least one month apart; or documented evidence of positive IgG for measles, mumps and rubella.   | 500          | Antibodies + 19                                      |
|    | Varicella                         | History of chickenpox; or documentation of physician-diagnosed shingles; or 11/7/11 documented evidence of a positive varicella IgG; or documented evidence of age appropriate varicella vaccination.                  | Shalk        | varicelle antiboch                                   |
| L  | Tuberculosis                      | Documentation of screening is required and date  | SLN.         | Had BCG at Birth<br>Had mantoux tes<br>Strongly + re |
|    |                                   |  |              | strongly + re  |

Proudly supported by Independent Private Hospitals of Australia

Proudly supported by Independent Private Hospitals of Australia

R. working in collaboration with the University of Ballarat.

Proudly supported by Independent Private Hospitals of Australia

(M.B.B.S.) IERA.C.G.P.)

(M.B.B.S.) IERA.C.G.P.)

L2, 228 Lonsdale Street Dandenong, VIC 3175

P: (13 9 / 91 20 14 F: (12 9 / 91 , 5131