



CRICOS Provider No: 00103D

VACCINATION HISTORY

Applicant ID : 30089883

Applicant Name : SARABJIT KAUR

DOB : 20/05/1987

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 "Clinical Placement".

Infectious Disease	Acceptable Evidence to Demonstrate Protection	Signed by GP/Doctor	Comments by GP/Doctor
Diphtheria, tetanus, pertussis	One documented dose of adult dTpa vaccine including date of administration.	<i>[Signature]</i>	DPT Vaccination given as per Pt.
Polio	One documented dose of vaccine including date of administration.	<i>[Signature]</i>	Polio Vaccination given as per Pt.
Hepatitis B	Documented evidence of anti-HBs > 10mIU/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>[Signature]</i>	Hep B - 1st 21/5/12
Measles, 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.	<i>[Signature]</i>	Rubella IgG & Mumps IgG & Hib positive
Varicella	History of chickenpox; or documentation of physician-diagnosed shingles; or documented evidence of a positive varicella IgG; or documented evidence of age appropriate varicella vaccination.	<i>[Signature]</i>	Varicella 14/6/12
Tuberculosis	Documentation of screening is required and date	<i>[Signature]</i>	Mantoux 29/5/12

Full Name and Provider Number of Doctor

DR. ATEF ASHAM

M.B.B.Ch., FRACGP

Provider No: 245347NK

STUD ROAD MEDICAL CENTRE
82 Stud Road, Dandenong, VIC. 3175
Phone: 9794 8055

Signed and Official Seal

Date: 14/6/12

