



The University of Sydney
Faculty of Medicine



Broken Hill
Department of Rural Health

29 July 2008

Dear Student

The NSW Department of Health has recently introduced new requirements relating to student clinical placement and pre - placement documentation. These requirements specifically relate to your immunisation records.

You are required to provide Certified copies of all your immunisation records and attach these records to the form below. (DO NOT send original documents). Please allow eight (8) weeks for processing by the Risk Management Unit (RMU) of Greater Western Area Health Service in order to be assessed.

From 1st January 2008, you will require the GWAHS RMU letter of confirmation prior to commencing your placement. This must all be finalised prior to your arrival to commence placement. If you have not heard back from the Risk Management Unit (RMU) about this then please contact either Anetta or Delsia four weeks prior to the starting date of your clinical placement.

Upon receipt of your compliance letter please forward a copy to the BH UDRH.

Please be advised that if you do not have the letter of compliance before your placement, you will not be permitted onto any Greater Western Area Health Service site.

Please email, fax or post your documents to email or fax preferred.

Risk Management Unit
Parkview
Bloomfield Hospital
Forrest Road
ORANGE NSW 2800

Anetta Westgeest
anetta.westgeest@gwahs.health.nsw.gov.au

Delsia Lancaster
delsia.lancaster@gwahs.health.nsw.gov.au

Both ladies can be contacted on (02) 6363 8190 Fax number: (02) 6362 9528

PLEASE PRINT CLEARLY OR YOU MAY BE REQUESTED TO FILL OUT AGAIN

Name of Student: _____

Address: _____

Phone Number: _____

University and Campus: _____

Course and Year: _____

Placement dates: Commencing ____/____/____ to ____/____/____

Length of placement weeks _____

Other comments relating to your immunisation status only: _____





Immunization Requirements for Undergraduate Students

Student Name: _____ University _____

Type A staff (Direct client contact)

Mandatory Immunisation requirements	Date	Date
ADT vaccine: Diphtheria Tetanus		
DTpa: Diphtheria Tetanus Pertussis		
Hepatitis B		
MMR: Measles Mumps Rubella		
Varicella		
Tuberculosis skin test		
Chest X-ray		
Recommended Polio		
Optional Influenza		
Meningococcal		
Pneumococcal		

Please supply certified copies of the above.