Section 1: Health ākonga immunity requirements

To manage the risk posed by vaccine preventable diseases, ākonga in the following programmes are required to provide proof of vaccinations and serological evidence (blood test) of immunity, prior to the start of their programme:

- Bachelor of Midwifery
- New Zealand Diploma in Enrolled Nursing
- Bachelor of Nursing
- Bachelor of Occupational Therapy

In accordance with generally accepted standards of practice for healthcare professionals in New Zealand and a requirement of Health New Zealand, immunisation and immunity screening is a requirement for all ākonga participating in clinical placement learning experiences, this is for the protection of themselves and others. If you do not consent to this process, you must contact the Head of School for your programme as soon as possible.

Otago Polytechnic third-party placement providers and Ministry of Health policies require the collection and verification of ākonga immunisation status. This includes providing evidence of immunity and/or screening for current infection where applicable for the following conditions:

- Measles
- Mumps
- Varicella (Chickenpox)
- Hepatitis B (including both antibody and antigen testing)
- Tuberculosis

This also includes vaccination record history to determine vaccine protections for:

- Pertussis (whooping cough) (every 5 years)
- Influenza (recommended annually)

Failure to provide evidence of immunity may mean you may not be able to attend your clinical learning experience, which could affect your progress through the programme.

Please see page two of this document for the privacy statement that relates to the immunity requirement process.

Privacy Statement

Otago Polytechnic collects the health and immunisation information requested in this form to verify that ākonga meet the immunisation and immunity requirements necessary for participation in clinical placement learning experiences. This information is collected to support the safety of ākonga, patients, staff, and the wider community, and to meet the requirements of third-party clinical placement providers

What information is collected?

The information collected may include:

- Your name, date of birth, student ID, and NHI number.
- Vaccination records and immunisation history.
- Laboratory test results, including serology (blood) and screening results.
- Information provided by your medical practitioner regarding your fitness to participate in clinical placements.
- Any follow-up actions or restrictions relevant to clinical placement participation.

Why is this information collected?

Your information is collected to:

- Confirm compliance with programme and clinical placement immunisation requirements.
- Assess eligibility to participate in clinical learning experiences.
- Meet contractual, legislative, health and safety, and placement provider requirements.
- Protect the health and wellbeing of ākonga, patients, staff, and the public.

Who can access this information?

Access to your information is restricted to authorised Otago Polytechnic staff who require the information to administer placement and programme requirements, including designated administrators and registered health professionals involved in the review of health clearance documentation. Information may also be shared with Health New Zealand, clinical placement providers, or other health professionals where this is necessary to confirm placement eligibility or meet placement requirements.

How is the information stored and protected?

Your information will be stored securely in accordance with Otago Polytechnic's information management, privacy, and records management policies. Appropriate safeguards are used to protect personal and health information from unauthorised access, use, disclosure, alteration, or loss.

How long is the information retained?

Health and immunisation records will be retained only for as long as necessary to fulfil the purposes for which they were collected and in accordance with Otago Polytechnic's records retention schedules and any applicable legal or regulatory requirements.

Your rights

Under the Privacy Act 2020, you have the right to:

- Request access to the personal information held about you.
- Request correction of your personal information if you believe it is inaccurate or incomplete.
- Ask questions about how your information is collected, used, stored, or disclosed.

Contact

If you have any questions about this privacy statement or the handling of your personal information, please contact Otago Polytechnic's Privacy Officer at privacy@op.ac.nz or refer to the Otago Polytechnic Privacy Policy.

Instructions for ākonga

The following steps are provided to help you complete this process. You must personally cover any costs associated with this process such as medical appointments, blood tests, and any additional vaccines required.

1. Book an appointment with your medical practice to discuss the immunity requirement process.
2. During your appointment, your medical practice can support you to arrange to have the required serology (blood) test to determine your immune status.
3. Obtain your vaccination records for the diseases listed above. Vaccination records are usually held by your medical practice OR may be obtained by visiting https://my.health.nz/. Immunisations given in Aotearoa | New Zealand after 2005 may be available via the Aotearoa (formerly National) immunisation register
4. Make follow up appointment to review your serology (blood) results and discuss your immunity status.
5. If your serology (blood) test does not show immunity to the listed diseases, your medical practitioner will make vaccination recommendations.
6. Once all vaccines have been administered and blood test results have been returned, ask your medical practice to complete Section 2 of this document.
7. Email a scanned PDF copy of this document to healthresults@op.ac.nz.

Instructions for medical practitioner

Otago Polytechnic is required to obtain evidence of immunity and vaccination of ākonga embarking on clinical placements as part of their programme of study, this is a requirement from Health New Zealand. This information may be shared, as necessary with health professionals and/or placement providers. Please complete:

- Section 2 below, ensuring to sign and stamp the declaration on page 7
- Return this form to the student directly with their serology results and vaccination records.
- Where current infection is identified, please complete the relevant documentation proving suitability to attend clinical placements and ANY limitations or cautions that are applicable to them.

If you have any questions or concerns regarding the student or information required, please contact us by emailing healthresults@op.ac.nz. This email is managed by an administrator and Registered Nurse/s.

Section 2: Evidence of immunity status

This section is to be completed by a medical practitioner.

ĀKONGA FULL NAME (block letters)			
ĀKONGA ID NUMBER (if known)		**DATE OF BIRTH**	
		NHI NUMBER	

NAME OF DISEASE AND EVIDENCE REQUIRED	SEROLOGY/SCREENING ***Serology testing is required for all ākonga unless otherwise specified***
Hepatitis B Documented evidence of age-appropriate Hepatitis B vaccine **AND** antibody serology results confirming immunity. Antigen serology results have been reviewed and Hepatitis B status including infectivity risk has been assessed. Any restrictions or recommendations have been communicated to the relevant Occupational Health service and are noted in the declaration section of this document. Vaccine administration confirmed and attached: ☐ Yes ☐ No	Serology date: _____ **Antigen:** ☐ Detected ☐ Not detected **Antibody:** ☐ Serology confirms immunity to Hepatitis B. Anti-HBs greater than or equal to 10mIU/mL Please attach laboratory result. **OR** ☐ Non-immune to Hepatitis B. Complete Hepatitis B Supplementary Doses section below
Hepatitis B Supplementary Doses (if required) Please refer to IMAC's Non-Responder Hep B process/flowchart. Vaccine administration confirmed and attached: ☐ Yes ☐ No	Follow up serology date: _____ Please attach laboratory result.
Measles Documented evidence of two doses of MMR vaccine given at least 28 days apart. *If no immunity despite 2x doses, consider discussion with IMAC regarding occupational risk AND/OR booster dose.* Vaccine administration confirmed and attached: ☐ Yes ☐ No	Serology date: _____ ☐ Serology confirms immunity to measles. Please attach laboratory result.

NAME OF DIESEASE AND EVIDENCE REQUIRED	SEROLOGY/SCREENING
Mumps Documented evidence immunity via serology OR two doses of mumps vaccine given at least 28 days apart. Vaccine administration confirmed and attached: ☐ Yes ☐ No	Serology date: _____ ☐ Serology confirms immunity to Varicella. Please attach laboratory result.
Varicella (Chicken Pox) Documented evidence immunity via serology OR two doses of Varicella vaccine given at least 28 days apart. Vaccine administration confirmed and attached: ☐ Yes ☐ No	Serology date: _____ ☐ Serology confirms immunity to Varicella. Please attach laboratory result.
Pertussis (Whooping Cough) One documented adult dose of Tdap vaccine within last 5 years (in addition to complete childhood vaccination course) Vaccine administration confirmed and attached: ☐ Yes ☐ No	Date vaccine administered: _____ No serology required
Influenza It is highly recommended ākonga have an up-to-date Influenza vaccination prior to placements. Vaccine administration confirmed and attached: ☐ Yes ☐ No	Date vaccine administered: _____ No serology required
Tuberculosis Documented evidence of serology results using QuantiFERON-TB Gold test. (See below section on any detected/known TB cases)	Serology date: _____ ☐ Serology confirms negative for Tuberculosis. Please attach laboratory result.
Tuberculosis Additional: Known history: ☐ Within your professional opinion is this student safe to attend clinical placements and places no risk to public health/safety (as either past infection, completed treatment, or is an inactive case). Positive QuantiFERON: ☐ Have follow up tests shown no current/active infection? ☐ Within your professional opinion is this student safe to attend clinical placements and places no risk to public health/safety (as either past infection, completed treatment, or is an inactive case).	☐ Follow up testing completed (Please attach additional relevant information) ☐ Confirmation student poses no risk to themselves or public safety for attending clinical placement. ☐ Further action being undertaken, follow up documentation will be provided in due course. Withold clinical placement until further notice.

Medical practitioner declaration

I declare that the requirements specified above have been assessed and actioned in accordance with the immunisation and screening status of the ākonga named on this form and have been entered in compliance with the immunisation entry requirements for the programme of study.

I confirm that I have assessed the student's Hepatitis B status, including infectivity risk where applicable, and am satisfied that the student is safe to undertake clinical placement activities, subject to any conditions or recommendations noted above. Any additional requirements necessary to ensure the safety of both the student and patients have been identified and communicated.

The student has been made aware of any vaccination or serology follow up in relation to completing the requirements of this form.

NAME OF MEDICAL PRACTITIONER (and APC)	SIGNATURE	DATE
Is further follow up required? If so, please enter details:		**Practice stamp:**