

# Influenza Certificate of Compliance

**HBDS Bachelor of Dermal Sciences  
College of Health & Biomedicine**

<b>Student details</b>			
First name:		Surname:	
Student ID:		Date of Birth:	
<b>Instructions for Medical Practitioner / Registered Nurse:</b> Seasonal Influenza Vaccination must be administered annually			
<b>Vaccine preventable disease</b>	<b>Not immune (✓)</b>	<b>Blood test result or date of vaccine</b> (This column MUST be completed if indicated student is Not Immune)	<b>Immune (✓)</b>
<b>Influenza</b>	<input type="checkbox"/> Vaccination Recommended	<b>Vaccine given: YES / NO Date: / /</b> *Complete Medical Practitioner / Registered Nurse statement below  <b>or</b> <input type="checkbox"/> <b>Evidence of vaccine attached</b>	<input type="checkbox"/> Confirmed by vaccination:  Influenza batch number:
<b>Medical Practitioner / Registered Nurse Statement</b>			
I confirm that the above named person has been given the Seasonal Influenza Vaccination.			
Name:		Contact details or Stamp:	
Signature:		Provider no./Registration:	
Date:			

**This form must be uploaded to VU WIL – In Place by the due date, otherwise you will be discontinued from the Professional Practice unit which will delay your course progression.**

Victoria University is collecting this information on this form to confirm the named student's eligibility for practical experience placement according to the Department of Health and Human Services and it will also provide this immunisation status information to placement sites, including hospitals and private medical offices if required. Victoria University manages personal information in accordance with the *Privacy and Data Protection Act 2014* (Vic) and the *Health Records Act* (Vic) 2001. The VU privacy policy may be viewed at <https://www.vu.edu.au/privacy>