

Dear General Practitioner

Your patient presenting to you today has applied to study the **Diploma of Nursing (Enrolled) HLT54121** at Canberra Institute of Technology (CIT).

We seek your help in addressing the following entry requirements for the course:

1. CIT insurers require a letter from a General Practitioner attesting to the student's fitness to undertake nursing duties at the time of course commencement. Any pre-existing injuries and the current health of the student. *Please see over the page.*
2. Students with a current Workers Compensation claim or injury will be required to inform CIT and present a letter from their treating Medical Specialist.
3. Students are also required to comply with the 'ACT Health' "Student and Trainee Clinical Placement Policy" and the NSW Health Policy "Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases"; and show documented evidence of their immunisation status.

Immunisations:

The following **documented evidence** are required for each student to ensure compliance with both ACT and NSW Health's requirements for Clinical Placement.

Please provide batch numbers and dates and/or serology results.

| Disease | Evidence of vaccination | | Serology results | | Other evidence |
|--|--|------------|---|-----------|---|
| Hepatitis B | History of completed age-appropriate course of Hepatitis B vaccine | AND | Anti-HBs greater than or equal to 10mIU/ml | OR | Documented evidence of anti-HBc. Evidence of first 2 vaccines of a 3-vaccine course |
| Measles, Mumps, Rubella (MMR) | 2 doses of MMR vaccine at least one month apart | OR | Positive IgG for measles, mumps and rubella | | Not applicable |
| Varicella (Chicken Pox) | 2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age) | OR | Positive IgG for varicella s | OR | History of chicken pox or physician-diagnosed shingles (varicella IgG preferred is uncertain) |
| Diphtheria, Tetanus, Pertussis (dTpa) | One adult dose of diphtheria/tetanus/pertussis vaccine (dTPA). Not ADT | | Serology will not be accepted | | Not applicable |
| Influenza vaccine | MANDATORY – annually Annual influenza vaccination, noting it is preferable for the | | Not applicable | | Not applicable |

| | | | | | |
|--------------------------|---|--|--|-----------|--|
| | flu vaccine to be administered between the months of March and June through to September. | | | | |
| Tuberculosis (TB) | Not applicable | | Interferon-Gamma Release Immunoassay (IGRA) - TB Quantiferon | OR | Tuberculin Skin Test (TST) accepted from The Department of Respiratory and Sleep Medicine at The Canberra Hospital |
| COVID 19 | <p>MANDATORY</p> <p>1 dose of a COVID-19 vaccine by 29/10/2021</p> <p>2 doses of a COVID-19 vaccine by 1/12/2021</p> <p>1 dose of a COVID-19 booster by 11/05/2022 for any placements at CHS</p> <p>A copy of the COVID-19 Vaccination Certificate which should be carried while on placement.</p> | | Not applicable | | Not applicable |

Your assistance in this enrolment process is appreciated.

Yours sincerely

Lisa Burling
Nursing Coordinator

Doctor's Letter of Fitness:

During the CIT Diploma of Nursing course, students are required to work in a simulated learning environment and complete 400 hours of clinical placement in a variety of health care facilities across the ACT and NSW.

This requires the student to be both physically and psychologically fit to undertake nursing duties. Example of the duties students will be required to complete during the course include but are not limited to:

Manual Handling techniques:

- Transferring a client from bed to chair and vice versa using manual handling equipment
- Assisting a client to ambulate – this may include wheelchairs, shower chairs, walking frames, crutches etc.
- Moving clients in the bed
- Bed making, sponging, showering
- Basic life support e.g. initiate CPR according to organisation procedures

Please sign, date and stamp verifying that the student is fit to perform nursing duties.

A separate letter is required listing any information regarding pre-existing conditions, and/or any workers compensation.

Student Name: _____

Doctor Signature: _____ **Date:** _____

Doctor Provider No: _____

Stamp:

I _____ (student name) acknowledge that if I obtain an injury after this consultation I will provide a new letter of fitness to CIT so that I can continue my studies.

Signature: _____ Date: _____