

Return to Nursing

Dear Applicant

In order to apply for Nursing in Aotearoa Course (or alternative) you are required to submit a health clearance. Please have this form **completed by a doctor** and send it to us along with your application forms. Please be advised that your application **will not** be processed till we receive your completed medical results.

This health clearance includes evidence of **immune status** (NOT immunisation status) for the following:

Test	Result
Measles	Antibody =
Mumps	Antibody =
Chickenpox	Antibody =
Rubella	Antibody =
Hepatitis B Status (Antigen and Antibody required)	Antibody = Antigen =
Tuberculosis Screening. Preferred test: 1. Quantiferon Tb-Gold Test (preferred test)	Test =
Chest X-ray Result and follow up where Quantiferon TB Gold Positive (within past six months)	Comment:

Signed Doctor: _____ Date: _____

****N.B. Please attach copies of results with this form.**

In addition, all applicants are required to submit a Medical Certificate from a registered medical practitioner indicating that the applicant poses no risk to patients/clients during their practical clinical experience as ascertained by the medical practitioner's review of the applicant's medical record/history and interpretation of immune status results. (A sample doctor's declaration is on the next page)

All information provided will be held in the strictest confidence in the Department of Nursing administration office and archives. **Failure to submit required documentation may lead to cancellation of an applicant's enrolment.**



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DECLARATION OF FITNESS TO PRACTICE

Doctor's Name:

Doctor's Qualifications (Official stamp (if any))

Doctor's Address:

Doctor's phone number:

Doctor's Email address:

Declaration:

Based on examination of (*applicant name*)..... of
(*address*)..... ..medical history and patient record and
interpretation of immune status results (including Xray result* if required) I find that (*applicant
name*)..... poses no risk to self or patients by undertaking practical work
experience/nursing in an acute/tertiary/community healthcare institution in New Zealand

Signature:

Medical Practitioner Name:

Date:

(NOTE: This form is to be signed by the doctor only)

*X-ray only indicated where Quantiferon TB-Gold test positive