

# PRIME Memo



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**TO** The Principal  
All Secondary and Composite Schools

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**FROM** Karmela Messineo  
Senior Team Leader, Teaching and Learning

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**SUBJECT** **HEALTH STUDENT WORKPLACE VACCINATION**

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**DATE** 21 September 2021

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The State Government has announced further health-based workplaces with mandatory vaccination requirements from 1 October 2021. This is in addition to the requirement for mandatory vaccination for people working in Residential Aged Care facilities to have at least the first dose of a COVID-19 vaccine by 17 September.

The Department of Health has confirmed that students undertaking work placement in Residential Aged Care facilities will be eligible for priority vaccination (without an appointment, but with their parents' consent) to avoid any impact on students completing their work placement.

The following letter from the Department of Health and Vaccine Consent Form is being provided to all secondary schools to forward to your students' parents and caregivers as applicable.

The School Curriculum and Standards Authority has undertaken a survey of schools with Year 12 students currently enrolled in VET qualifications with mandatory health industry work placement requirements and are not anticipating any issues, as many of the work placements have been completed or will be completed by the vaccination deadline. You may wish to also forward this to parents and caregivers of your Year 10 and 11 students to ensure they can complete any upcoming work placements.

If you have any questions, please contact Genevieve Baker, Coordinator VET/Careers via [Genevieve.Baker@cewa.edu.au](mailto:Genevieve.Baker@cewa.edu.au)



Contact: [covid.immunisation@health.wa.gov.au](mailto:covid.immunisation@health.wa.gov.au)

Dear parents and caregivers

From 17 September, students on work placement in Residential Aged Care Facilities will need to have received at least the first dose of a COVID-19 vaccine.

WA Health is providing an opportunity for these students to be vaccinated against COVID-19 so they can complete their work placement for 2021.

From 1 October, students on work placements working in the following placements will need to have received at least the first dose of a COVID-19 vaccine:

- high risk healthcare facilities including intensive care units, high dependency units, respiratory wards and emergency departments within a hospital
- COVID testing clinics
- COVID-19 vaccination clinics
- wards with respiratory beds in regional hospitals.

Work placement students can walk into any WA Health-run Community Vaccination Clinic without an appointment and receive their vaccination if they provide:

1. a letter from their school with information about their placement
2. consent from the student's parent or guardian.

Students and parents or caregivers will need to fill in the consent form attached to this letter and take it to the clinic.

Although no appointments are required for these students, it will make the process faster if students are registered. You can register by visiting [rollup.wa.gov.au](http://rollup.wa.gov.au) and click 'book now'. From, Monday September 13, parents and guardians will be able to log into their own VaccinateWA account and register and consent to their dependants being vaccinated.

There are community clinics located in Claremont, the Perth CBD, Joondalup, Midland and Kwinana. Locations and operating hours are available on the HealthyWA website at [healthywa.wa.gov.au](http://healthywa.wa.gov.au).

Yours sincerely

Sue Kiely  
**CHIEF OPERATING OFFICER - COVID-19 VACCINATIONS**

3 September 2021



**Health Questionnaire (continued)**

- Do you have a mast cell disorder?  Yes  No  
 Have you had COVID-19 before?  Yes  No  
 Have you been sick with a cough, sore throat, fever or are feeling sick in another way?  Yes  No

**Relevant for AstraZeneca COVID-19 vaccine only**

- Have you had cerebral venous sinus thrombosis (a type of brain clot) in the past?  Yes  No  
 Have you had heparin-induced thrombocytopenia (a rare reaction to heparin treatment) in the past?  Yes  No  
 Have you had idiopathic splanchnic (mesenteric, portal and splenic) venous thrombosis (blood clot in the abdominal veins) in the past?  Yes  No  
 Have you had anti-phospholipid syndrome with thrombosis (an autoimmune disorder which can cause clots) in the past?  Yes  No  
 Are you under 60 years of age?  Yes  No

\*If Comirnaty (Pfizer) is not available, AstraZeneca COVID-19 vaccine can be considered for people in these groups, if the benefits of vaccination outweigh the risk. For more information refer to the: [Patient information sheet on thrombosis with thrombocytopenia syndrome \(TTS\)](#).

**Consent to receive COVID-19 vaccine**

- I confirm I have received and understood information provided to me on COVID-19 vaccination  Yes  No  
 I agree to receive a course of COVID-19 vaccine (two doses of the same vaccine)?  Yes  No  
 I give my permission for WA Health to contact me by email, telephone or SMS to monitor vaccine safety and effectiveness  Yes  No  
 I confirm that none of the conditions above apply, or I have discussed these and/or any other special circumstances with my regular health care provider and/or vaccination service provider  Yes  No

Signature of person receiving vaccine

**Legal guardian or legal substitute decision-maker details**

I am the patient's legal guardian or legal substitute decision-maker, and agree to COVID-19 vaccination of the patient named above  Yes  No

**First name**   
**Last name**   
**Date**  /  /   
**Email address**

Signature of legal guardian or legal substitute decision-maker

**Office use only – verbal consent**

Verbal consent for vaccination was given  Yes  No  
**Date**  /  /  **Time**   
**Consent person's name**   
**Contact number**  **Relationship**   
**Data entry**  AIR  webPAS  WINVAC  MMEX

Signature of person giving consent

**Office use only – vaccine administration**

**Place vaccine batch label here**  **Vaccine serial number:**  **Injection site**  
 Left arm  Right arm  Other  
**Dose number and administration date**  
 Dose 1 – Date received  /  /   Dose 2 – Date received  /  /   
**Brand of vaccine**  
 Pfizer-BioNTech  Oxford-AstraZeneca  Other   
**Signature of vaccinator**   I hereby confirm that the details of the immunisation are correct. I acknowledge the integrity of this data and this may be integrated with other systems.  
**Name of vaccinator**