

**Acceptable vaccination and protection evidence includes:**

- Immunisation summary available from your GP/immunisation provider.
- Australian Immunisation Register (Medicare) records.
- Childhood ('baby book') vaccination records signed by a medical practitioner.
- School vaccination records.
- Completed NSW Health "Attachments 6 & 7" (please ensure all relevant check boxes are completed, ticked & dated).

**Note:**

- Copies of all serology/blood test reports (regardless of the immunity result) must be submitted.
- Further evidence may be required if records do not contain vaccine brand and batch or official certification from vaccination provider.

Disease	Evidence of Vaccination	Serology Results/Report	Other acceptable evidence
<b>Diphtheria, tetanus, acellular pertussis (whooping cough)</b>	One adult dose of pertussis containing vaccine (dTpa) within the last 10 years  Do not use ADT vaccine as it does not contain the pertussis component	Serology/Blood test will not be accepted	NOT applicable
<b>Hepatitis B</b>	Completed age appropriate course of hepatitis B vaccine <sup>1</sup>  NOT "Accelerated" course	Anti-HBs <sup>2</sup> greater than or equal to 10mIU/ml	Documented evidence of anti-HBc, indicating past hepatitis B infection
<b>Measles, mumps, rubella (MMR)</b>	Two doses of MMR vaccine at least one month apart	Positive IgG for measles, mumps and rubella <sup>3</sup>	Birth date before 1966
<b>Varicella (Chickenpox)</b>	Two doses of varicella vaccine at least one month apart <sup>4</sup>	Positive IgG for varicella	NOT applicable
<b>Tuberculosis (TB)</b>  * See below for guidelines for persons requiring TB screening			Submit "Attachment 7" and the assessor will advise if TB screening is required
<b>Influenza<sup>5</sup></b>	Annual influenza vaccination is strongly recommended as you will be required to show evidence if working in a high risk area <sup>6</sup>		

\* TB Screening is required if the person was born in or travelled to a country of high TB incidence for a cumulative time of 3 months or more as listed at: <https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx> However please submit "Attachment 7" prior to obtaining TB screening.

1. Hepatitis B vaccine is usually given as a 3 dose course over a minimum of 4 to 6 months. For adolescents between the ages of 11–15 hepatitis B vaccine may be given as a two dose course 4–6 months apart.
2. Anti-HBs (hepatitis B surface antibody) greater than 10 IU/ml indicates immunity. A full course of Hep B vaccination is also required.
3. Should MMR serology results not be in the positive range further MMR vaccination will be necessary.
4. Evidence of one dose of varicella is sufficient if the person was vaccinated before 14 years of age.
5. The influenza vaccine is mandatory for students placed in or needing access to high risk clinical areas, which include:
  - Antenatal, perinatal and post-natal areas including labour wards and recovery rooms and antenatal outreach program
  - Neonatal intensive care units; special care units; any home visiting health areas provided to neonates
  - Paediatric intensive care units
  - Transplant and oncology wards
  - Intensive care units
6. Evidence of influenza vaccine must be provided to the facility at commencement of placement.

**By submitting vaccination evidence I acknowledge that I consent to:**

SCU disclosing my Pre-Placement Compliance Requirement documents and any other personal or health information that is held by SCU and which is reasonably required to placement providers and health facilities for the purpose of arranging and facilitating my Professional Experience Activity.

## Attachment 6 Undertaking/Declaration Form

All new recruits/other clinical personnel/ students /volunteers / facilitators must complete each part of this document and Attachment 7 *Tuberculosis (TB) Assessment Tool* and provide a NSW Health Vaccination Record Card for Health Care Workers and Students and serological evidence of protection as specified in Attachment 4 *Checklist: Evidence required from Category A Applicants* and return these forms to the health facility as soon as possible after acceptance of position/enrolment or before attending their first clinical placement. (Parent/guardian to sign if student is under 18 years of age).

New recruits/other clinical personnel/ students /volunteers / facilitators will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Attachment 4 *Checklist: Evidence required from Category A Applicants* and submitted Attachment 7 *Tuberculosis (TB) Assessment Tool*. Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/duties.

The education provider/recruitment agency must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment. The NSW Health agency must assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

Part	Undertaking/Declaration	✓
1	I have read and understand the requirements of the NSW Health <i>Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy</i>	
2	a. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements, <b>OR</b>	a
	b. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process; however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.	b
3	I have provided evidence of protection for hepatitis B as follows:	
	a. history of an age-appropriate vaccination course, <u>and</u> serology result Anti-HBs $\geq 10$ mIU/mL <b>OR</b>	a
	b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is $< 10$ mIU/mL (non-responder to hepatitis B vaccination) <b>OR</b>	b
	c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ <b>OR</b>	c
	d. I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in the <i>Australian Immunisation Handbook</i> , current edition) and provide a post-vaccination serology result within six months of my initial verification process.	d
4	I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Attachment 5 <i>Specified Infectious Diseases: Risks and Consequences of Exposure</i> ) and agree to comply with the protective measures required by the health service and as defined by PD2007_036 Infection and Control Policy.	

Declaration: I \_\_\_\_\_ declare that the information provided is correct

Full name:	Worker cost centre (if available):
D.O.B:	Worker/Student ID (if available):
Email:	NSW Health agency /Education provider: Southern Cross University
Signature:	Date:

## Attachment 7 Tuberculosis (TB) Assessment Tool

All new recruits, other clinical personnel, volunteers and students are required to complete this Tuberculosis Assessment Tool along with a NSW Health Record of Vaccination for Health Care Workers and Students and Attachment 6 *Undertaking/ Declaration Form*. They should advise the NSW Health agency if they prefer to provide this information in private consultation with a clinician.

**The NSW Health agency** will assess this form and decide whether TB screening or clinical review is required.

**New recruits, other clinical personnel and volunteers** will only be permitted to commence duties if they have submitted this form to the employing NSW Health agency. Failure to complete outstanding TB requirements within the appropriate timeframe may affect their employment status.

**The education provider** must forward a copy of this form to the health service for assessment.

**Existing Category A staff, clinical personnel, volunteers and students** who spend more than 3 months in a country with high incidence of TB after their initial TB assessment must complete and submit this tool for reassessment on return to a NSW Health agency.

Part A	
1. Do you currently have a cough that has lasted longer than 2 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. If yes, have you had any episode of haemoptysis (coughing up blood)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you had unexplained fever, chills or night sweats in the past month?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you had any unexplained weight loss in the past month?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If you answered yes to any of the above questions, please attach relevant details on a separate page, including all results of any investigations or medical assessment you may have had it to this form.</i>	
Part B	
1. What is your country of birth?	
2. Have you ever in your lifetime (new personnel), or since your last occupational TB Assessment (existing personnel), lived or travelled overseas? If yes, provide details Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Country</i>	<i>Duration of stay</i>
_____	_____
_____	_____
<i>(attach a separate page if necessary)</i>	
3. Have you ever had contact with a person known to have TB? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, detail the nature of the contact (attach separate page if necessary):	
4. Have you ever been tested for TB before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If you answered yes to any of the above questions, please attach further information on a separate page, including the date and results of any previous tests for TB (including TST, IGRA, sputum culture, chest x-ray) and attach it to this form</i>	
<b>Worker/Student Declaration: I declare that the information provided on this form is correct</b>	
<b>Full name:</b> _____	<b>Worker cost centre (if applicable):</b>
<b>Date of birth:</b> / /	<b>Student ID (if applicable):</b>
<b>Phone:</b> _____	<b>NSW Health agency /Education provider:</b>
<b>Email:</b>	Southern Cross University
<b>Signature:</b>	<b>Date:</b>