

## Faculty of Health Immunisation Form

Student name: \_\_\_\_\_ University ID: \_\_\_\_\_ University course: \_\_\_\_\_

Vaccine	Serology test date, results & signature	It is preferable that the vaccine sticker is stuck into these boxes together with the date & provider signature			Immunisation certificate(s) sighted (if applicable)
		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	
<b>Diphtheria/Tetanus/Pertussis (combined adult)</b>		Brand: Batch no: Date: Signature:			Date:  Signature:
<b>Hepatitis B (inc. Hep B &amp; A combination) (record 3 doses +serology indicating HepB &gt;10mL/mlU)</b>	Please attach serology report	Brand: Batch no: Date: Signature:	Brand: Batch no: Date: Signature:	Brand: Batch no: Date: Signature:	Date:  Signature:
<b>Measles, Mumps, Rubella (record 2 doses of MMR at least 1 month apart)</b>		Brand: Batch no: Date: Signature:	Brand: Batch no: Date: Signature:		Date:  Signature:
<b>Varicella (record 2 doses of age appropriate vaccinations)</b>		Brand: Batch no: Date: Signature:	Brand: Batch no: Date: Signature:		Date:  Signature:
<b>Influenza (annual vaccination)</b>	N/A	Brand: Batch no: Date: Signature:	Brand: Batch no: Date: Signature:	Brand: Batch no: Date: Signature:	Date:  Signature:
<b>Tuberculosis (TB) Screening</b>	Must be performed at an accredited facility - The Depart. Thoracic Medicine, The Canberra Hospital <i>Note: A TB test cannot be done within 4 weeks of MMR vaccine. Please have the TB screening first where possible</i> <b>Please attach a copy of your results from the Dept Thoracic Medicine.</b>				

## INFORMATION SHEET 2. – Checklist: Evidence required from Category A applicants

### Evidence required to demonstrate protection against the specified infectious diseases

- Acceptable evidence of protection against specified infectious diseases includes:
  - a written record of vaccination signed by the medical practitioner, and/or
  - serological confirmation of protection, and/or
  - other evidence, as specified in the table below.
  - NB:** the health facility may require further evidence of protection, eg serology, if the vaccination record does not contain vaccine brand and batch or official certification from vaccination provider (eg clinic/practice stamp)
- TST screening is required if the person was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at:**  
<http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T>.
- In certain specialised clinical settings, for example, in transplant, oncology or neonatal wards, the health facility *may* require serological evidence of protection (in addition to evidence of vaccination or other evidence) to ensure that the risk to vulnerable patients is minimised.

Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence
<b>Diphtheria, tetanus, pertussis (whooping cough)</b>	<input type="checkbox"/> One <u>adult</u> dose of diphtheria/ tetanus/ pertussis vaccine (dTpa). <b>Not ADT.</b>	Serology will not be accepted	Not applicable
<b>Hepatitis B</b>	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine. <b>Not "accelerated" course.</b>	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL	<input type="checkbox"/> Documented evidence of anti-HBc, indicating past hepatitis B infection
<b>Measles, mumps, rubella (MMR)</b>	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart	<input type="checkbox"/> Positive IgG for measles, mumps and rubella	<input type="checkbox"/> Birth date before 1966
<b>Varicella (chickenpox)</b>	<input type="checkbox"/> 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)	<input type="checkbox"/> Positive IgG for varicella	<input type="checkbox"/> History of chickenpox or physician-diagnosed shingles (serotest if uncertain)
<b>Tuberculosis (TB)</b>	Not applicable	Not applicable	<input type="checkbox"/> Tuberculin skin test (TST)
<b>See note 2 above for list of persons requiring TST screening</b>		Note: interferon-gamma release immunoassay (IGRA) is not generally accepted. In the event that an IGRA has been performed, screening by TST will be required if the IGRA result is negative or equivocal. Persons with positive TST/IGRA must be fully assessed by a TB service within 3 months of commencement of clinical duties or clinical placement and must be asymptomatic when commencing clinical duties or clinical placement.	
<b>Influenza</b>	<b>Annual influenza vaccination is not a requirement, but is strongly recommended</b>		