

# Vaccination Record Card for Health Care Workers and Students



Personal Details (please print)

Please refer to instructions overleaf

Surname	Smith	Given names	Jane
Address	1 College St		
State:	ACT	P/code:	2601
Date of Birth	01/01/1990		
Email	U1234567@uni.canberra.edu.au		
Staff/student ID No.	U1234567		
Contact numbers	(mobile) 0412 345 678	(home) 6201 1234	(work) 6201 2345

Vaccine	Date	Batch No.	Official Certification by Vaccination Provider (clinic/practice stamp, full name and signature)
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**Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine** (adult dose of dTpa vaccine)

Dose 1	12/02/18	AB12C345DE	Medical Officer Signature Practice Stamp Here
Booster 10 years after previous dose			

**Hepatitis B vaccine** (age appropriate course of vaccinations **AND** hepatitis B surface antibody  $\geq 10\text{mIU/mL}$  **OR** core antibody positive)

Dose 1	05/01/18	ABCDE123FG	Medical Officer Signature Practice Stamp Here
Dose 2	05/02/18	ABCDE123GH	Medical Officer Signature Practice Stamp Here
Dose 3	05/08/18	ABCDE123HI	Medical Officer Signature Practice Stamp Here

**AND**

**AND**

Serology: anti-HBs	05/09/18	Result	>1000 mIU/mL	Medical Officer Signature Practice Stamp Here
<b>OR</b>		Result	mIU/mL	
Serology: anti-HBc		Positive	Negative	

**Influenza vaccine** (strongly recommended for all health care workers & **mandatory** for Category A High Risk health care workers)


**Measles, Mumps and Rubella (MMR) vaccine**

(2 doses MMR vaccine at least 1 month apart **OR** positive serology for measles, mumps and rubella **OR** birth date before 1966)

Dose 1	22/02/18	A12BC345D	Medical Officer Signature Practice Stamp Here
Dose 2	22/03/18	A12BC345E	Medical Officer Signature Practice Stamp Here
<b>OR</b>		<b>OR</b>	
Serology Measles	02/05/18	IgG Result	Detected Medical Officer Signature Practice Stamp Here
Serology Mumps	02/05/18	IgG Result	Detected Medical Officer Signature Practice Stamp Here
Serology Rubella	02/05/18	IgG Result	Detected Medical Officer Signature Practice Stamp Here

**Varicella vaccine** (age appropriate course of vaccination **OR** positive serology)

Dose 1			
Dose 2			
<b>OR</b> Serology Varicella	06/05/18	IgG Result	Detected Medical Officer Signature Practice Stamp Here

TB Screening	Date	Batch No. or Result	Given by/Read by (clinic/practice stamp, full name and signature)
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Requires TB screening?	YES NO (please circle)	
History of BCG vaccination	YES NO (please circle)	

**TB screening - Interferon Gamma Release Assay (IGRA) OR Tuberculin Skin Test (TST) performed at NSW TB Services only**

IGRA	06/05/18	Positive Indeterminate	Negative Medical Officer Signature Practice Stamp Here
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**OR**

TST injection		
Reading	Induration	mm
TST injection if 2 step required		
Reading	Induration	mm

**Other TB investigations** (including chest X ray)

	06/05/18	Negative	Medical Officer Signature Practice Stamp Here

# Vaccination Record Card for Health Care Workers and Students

## INSTRUCTIONS

Enough information must be provided to enable an assessor to verify that an appropriate vaccine has been administered by a registered vaccination provider. Therefore:

- Providers should record their full name, signature, date specific vaccine given and official provider stamp at the time of vaccine administration.
- Batch numbers should be recorded where possible.
- Serological results should be recorded on the card as numerical values or positive/negative, as appropriate, not simply "immune".
- Copies of vaccination records (e.g. childhood vaccinations) and copies of relevant pathology reports may be attached to the card, if available.

### Evidence required for Category A Staff

Disease	Evidence of vaccination	Documented serology results	Notes
<b>Diphtheria, tetanus, pertussis (whooping cough)</b>	<input type="checkbox"/> One <u>adult</u> dose of pertussis-containing vaccine (dTpa) <sup>1</sup> in the previous 10 years  <b>Do not use ADT vaccine as it does not contain the pertussis component</b>	Serology will not be accepted	
<b>Hepatitis B</b>	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine  <b>Not "accelerated" course<sup>2</sup></b>	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL  <b>AND</b>	<input type="checkbox"/> Documented evidence of anti-HBc, indicating past hepatitis B infection  <b>or</b>
<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 <sup>3</sup>  <b>or</b>	<input type="checkbox"/> Birth date before 1966  <b>or</b>
<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 <sup>3</sup>  <b>or</b>	
<b>Tuberculosis (TB)</b>  <b>* For those assessed as requiring screening</b>	<b>Not applicable</b>	<input type="checkbox"/> Interferon Gamma Release Assay (IGRA)  + Clinical review for positive results	<input type="checkbox"/> Tuberculin skin test (TST)  + Clinical review for positive results  <b>or</b>
<b>Influenza vaccine</b>	<b>Strongly recommended for all health care workers &amp; <i>mandatory</i> for Category A High Risk health care workers</b>		

**\*TB screening (TST or IGRA) required if the person was born in a country with high incidence of TB, or has resided or travelled for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at:**  
[www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf](http://www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf)

<sup>1</sup> Serology is only required for MMR and Varicella protection if vaccination records are not available and the person was born during or after 1966

<sup>2</sup> A person receiving an accelerated course of hepatitis B vaccinations will not have completed the course until they have the 4<sup>th</sup> dose 12 months after the first dose.

<sup>3</sup> Serology is only required for MMR and Varicella protection if vaccination records are not available and the person was born during or after 1966