

# Vaccination Record Card for Category A Workers and Students



Personal Details (please print)

Please refer to instructions on page 3

Surname			Given Names	
Address				
	State:	P/code:	Date of Birth	
Staff/student ID				
Email				
Contact Numbers	Mobile:	Work:		
Medicare Number	-----		Position on card: __	Expiry date: ___ / ___ / ___

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

Dose 1			
Booster 10 years after previous dose			
Booster 10 years after previous dose			

**COVID-19 vaccine** (TGA approved/recognised vaccine)

Primary course (2 doses)		AIR statement or COVID-19 digital certificate attached <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NOT REQUIRED</b>
Dose 3 or Booster dose		AIR statement or COVID-19 digital certificate attached <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NOT REQUIRED</b>
<b>OR</b> Evidence of a temporary or permanent medical contraindication		AIR immunisation medical exemption form (IM011) attached <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NOT REQUIRED</b>

**Hepatitis B vaccine** (age appropriate course of vaccinations **AND** hepatitis B surface antibody  $\geq 20\text{mIU/mL}$  **OR** core antibody positive)

Dose 1			
Dose 2	<input type="checkbox"/> Tick for adolescent course		
Dose 3			

**AND**

Serology: anti-HBs (Numerical value)		Result	mIU/mL
		Result	mIU/mL
<b>OR</b> Serology: anti-HBc		Positive	Negative

**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		
Dose 2		
Booster if required		

**OR**

Serology Measles		IgG Result
Serology Mumps		IgG Result
Serology Rubella (include numerical value and immunity status as per lab report: Positive / Negative / Low level / Equivocal / Booster required)		
		IgG Result

**Personal Details (please print)**

Surname		Given name:	
Date of Birth		Staff/student ID	
Contact	Mobile:	Work:	

Vaccine	Date	Batch No. (where possible) or Brand name	Official Certification by Vaccination Provider (clinic/practice stamp, full name and signature next to each entry)
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**Varicella vaccine** (age appropriate course of vaccination **OR** positive serology **OR** AIR history statement that records natural immunity to chickenpox)

Dose 1	<input type="checkbox"/> Tick if given prior to 14 years		
Dose 2			
Booster if required			
<b>OR</b>			
Serology Varicella		IgG Result	
<b>OR</b>			
Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox	AIR Statement Sighted <input type="checkbox"/> YES <input type="checkbox"/> NO		

Vaccine	Date	Batch No. (where possible) or Brand name	Official Certification by Vaccination Provider (clinic/practice stamp, full name and signature)
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**Influenza vaccine** (strongly recommended for all workers & mandatory for Category A workers and students)


TB Screening	Date	Batch No. or Result	Assessed by/Given by/Read by (clinic/practice stamp, full name and signature)
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Requires TB screening?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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Past vaccination BCG		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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**Interferon Gamma Release Assay (IGRA) (circle test result)**

IGRA		Positive Indeterminate Negative	
IGRA		Positive Indeterminate Negative	

**Tuberculin Skin Test (TST) – TB Service/Chest Clinic only**

TST Administration			
TST Reading		Induration mm	
TST Administration			
TST Reading		Induration mm	
Referral to TB Service/ Chest Clinic for TB Clinical Review required?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

**TB Clinical Review**

Chest X-ray			
Other			

**TB Compliance – TB Service/Chest Clinic or OASV Assessor (circle correct response)**

TB Compliance Assessment		Compliant Temporary Compliance Non-compliant	
TB Compliance Assessment		Compliant Temporary Compliance Non-compliant	

# Vaccination Record Card for Category A 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.
- Attach another card if additional recording space is required.

### Evidence required for Category A Staff

Disease	Evidence of vaccination	Documented serology results	Notes
COVID-19	<input type="checkbox"/> AIR Immunisation history statement or AIR COVID-19 digital certificate <b>OR</b> Evidence of a temporary or permanent medical contraindication – Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011).	Not applicable	
Diphtheria, tetanus, pertussis (whooping cough)	<input type="checkbox"/> One adult dose of pertussis containing vaccine (dTpa) <sup>1</sup> within the last 10 years.  <u><b>Do not use ADT vaccine as it does not contain the pertussis component</b></u>	Serology must not be accepted	
Hepatitis B	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine  Adolescent course: two doses of adult vaccine, given 4 to 6 months apart, between 11-15 years of age <u><b>Not “accelerated” course</b></u>	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL  <b>Serology must be at least 4 weeks after the final booster, of a completed hepatitis B course</b>	<input type="checkbox"/> Documented evidence of anti-HBc, indicating past hepatitis B infection, and/or HBsAg+
Measles, mumps, rubella (MMR)	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart	<input type="checkbox"/> Positive IgG for measles, mumps and rubella <sup>2</sup>	<input type="checkbox"/> Birth date before 1966
Varicella (chickenpox)	<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>	<input type="checkbox"/> An Australian Immunisation Register (AIR) history statement that records natural immunity to chickenpox can also be accepted as evidence of compliance for varicella <sup>3</sup>
Tuberculosis (TB)  * For those assessed as requiring screening	Not applicable	<input type="checkbox"/> Interferon Gamma Release Assay (IGRA)  + Clinical review for positive results by TB Service/Chest Clinic	<input type="checkbox"/> Tuberculin skin test (TST)  + Clinical review for positive results by TB Service/Chest Clinic
Influenza vaccine	<input type="checkbox"/> One dose of current southern hemisphere seasonal influenza vaccine by 1 June each year	Not applicable	

\*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/Pages/high-incidence-countries.aspx](http://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx)

<sup>1</sup> Serology must not be performed to detect pertussis immunity.

<sup>2</sup> Serology is only required for MMR protection if vaccination records are not available and the person was born during or after 1966.

<sup>3</sup> A verbal history of Varicella disease must not be accepted.