

## Form B

## Healthcare provider certification form for vaccine preventable diseases

Candidate's treating medical practitioner or occupational health provider complete pages 1 and 2 candidate complete page 3

Candidate surname:		<b>Practice stamp including;</b> Health professional name Designation Provider number Signature		
First name:				
Postal address:				
Phone number:	Date of birth:			
Email:	Sex:			
Job Reference No.:				
Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence	IMS use only
<b>Measles, Mumps, and Rubella</b>	<input type="checkbox"/> Two documented doses of Measles, mumps and rubella (MMR )vaccines at least one month apart  Date of dose 1: ___/___/___  Date of dose 2: ___/___/___	<input type="checkbox"/> Positive IgG for each of measles, mumps, and rubella <sup>1</sup>  Date of serology: ___/___/___	<input type="checkbox"/> Birth date before 1966	Compliant (circle): Yes / No OR <input type="checkbox"/> Partially compliant <input type="checkbox"/> N/A  Initials _____
			<input type="checkbox"/> Partial course of MMR vaccine <sup>2</sup> (must not be overdue for dose 2, due one month after dose 1)  Date of dose 1: ___/___/___	
<b>Pertussis</b>	<input type="checkbox"/> Documented evidence of one adult dose of dTpa within the past ten years  Date of dose: ___/___/___	Serology not acceptable	No other evidence acceptable other than vaccination in the last 10 years	Compliant (circle): Yes / No <input type="checkbox"/> N/A  Initials _____
<b>Varicella</b>	<input type="checkbox"/> Documented history of age appropriate course of varicella vaccination <sup>3</sup> (including zoster), vaccines at least one month apart  Date of dose 1: 1: ___/___/___ * 2: ___/___/___ (*Only required if not Zostervax)	<input type="checkbox"/> Positive IgG for varicella <sup>2</sup>  Date of serology: ___/___/___	<input type="checkbox"/> Documented history of physician-diagnosed chickenpox or shingles  Date: ___/___/___	Compliant (circle): Yes / No OR <input type="checkbox"/> Partially compliant <input type="checkbox"/> N/A  Initials _____
			<input type="checkbox"/> Partial course of varicella vaccine (including zoster) <sup>3</sup> (must not be overdue for dose 2, due one month after dose 1)  Date of dose 1 ___/___/___	

Disease	Documented serology results	Evidence of 6 vaccinations and post serology <10 IU/mL for non responders	Other acceptable evidence	IMS use only
<b>Hepatitis B</b> <b>Accelerated schedules are not accepted</b>	<input type="checkbox"/> Anti-HBs greater than or equal to 10 IU/mL <sup>4</sup> Titre level: _____ Date of serology: ___/___/___	<div style="text-align: center;"><b>OR</b></div> <input type="checkbox"/> Documented history showing <b>completion</b> of a course of 6 hepatitis B vaccinations in accordance with the SCHHS standing drug order and Anti-HBs less than 10 IU/mL <sup>4</sup> post 6 vaccinations <sup>5</sup> (For vaccine non-responders . Completion of an intradermal pathway is optional.)  Date of dose: 1: ___/___/___ 2: ___/___/___ 3: ___/___/___ For non-responders 4: ___/___/___ 5: ___/___/___ 6: ___/___/___  Date of serology: ___/___/___	<div style="text-align: center;"><b>OR</b></div> <input type="checkbox"/> Documented evidence that the individual is not susceptible to hepatitis B <sup>5</sup>  <div style="text-align: center;"><b>OR</b></div> <input type="checkbox"/> Partial course of Hepatitis B vaccine <sup>7</sup> (Must have had <b>at least 2</b> vaccines one month apart. The course must be completed in accordance with the SCHHS Hepatitis B vaccination standing drug order including timely follow up of vaccinations and pathology tests)  Date of dose: 1: ___/___/___ 2: ___/___/___ 3: ___/___/___ For non-responders 4: ___/___/___ 5: ___/___/___ 6: ___/___/___	Compliant (circle): Yes / No OR <input type="checkbox"/> Partially compliant <input type="checkbox"/> N/A  Initials _____
<b>Hepatitis A</b> <b>(FOR PLUMBERS ONLY)</b>	<input type="checkbox"/> Positive Hepatitis A antibodies or anti-HAV IgG  Date of serology: ___/___/___	<div style="text-align: center;"><b>OR</b></div> <input type="checkbox"/> Documented history of course of hepatitis A vaccination, vaccines at least six months apart  Date of dose 1: ___/___/___  Date of dose 2: ___/___/___	<div style="text-align: center;"><b>OR</b></div> <input type="checkbox"/> Documented evidence that the individual is not susceptible to hepatitis A  <div style="text-align: center;"><b>OR</b></div> <input type="checkbox"/> Partial course of Hepatitis A vaccine <sup>(must not be overdue for dose 2, due six months after dose 1)</sup>  Date of dose 1: ___/___/___	Compliant (circle): Yes / No OR <input type="checkbox"/> Partially compliant <input type="checkbox"/> N/A  Initials _____

# Tuberculosis (TB) screening

## Prospective candidate must complete the following to assist with assessment

- Which country were you born in?  Australia  Other - Country of birth.....
- Have you visited and/or lived in other countries for 3 months or more within the last 3 years?  Yes  No  
If Yes please name country/s .....
- Have you ever been diagnosed with TB?  Yes  No  
If Yes provide details: Date: ...../...../..... Name of health provider.....  
Duration of treatment .....months Treatment prescribed.....
- Have you ever been in contact with a person with active TB disease?  No  Yes If yes, when.....
- Have you ever been screened for TB i.e. Chest x-ray, tuberculin skin test (Mantoux) and/or IGRAs (QuantiFERON Gold Assay: QTF-G)  No  Yes- If Yes, provide details of most recent result:  
Chest x-ray: Date:...../...../..... Location .....
- Results.....  
Tuberculin skin test (Mantoux): Date:...../...../..... Location .....
- Results.....  
IGRAs (QuantiFERON Gold Assay: QTF-G) test: Date:...../...../..... Location .....
- Results.....
- Have you ever had a BCG vaccination?  No  Yes-  
If yes, provide date: ...../...../..... Location .....

7. Have you <b>previously</b> worked in any of the following healthcare settings?	Yes	No	Unsure
Respiratory units, infectious disease units or other units caring for TB patients, Mortuaries			
Clinical procedural units designed for investigation and have a high risk of transmitting suspected or unsuspected TB i.e. bronchoscopy, sputum induction, BCG bladder installations/immunotherapy			
Microbiology and/other laboratories that handle specimens which may contain mycobacteria			

- Will you be working in any of the above areas in SCHHS? 

Yes	No	Unsure
- Do you have any of the following symptoms? 

Yes	No	Unsure

  - Cough of >2weeks  No  Yes- If yes, please describe.....
  - Fevers  No  Yes- If yes, please describe.....
  - Recent unexplained weight loss  No  Yes- If yes, please describe.....
  - Night sweats  No  Yes- If yes, please describe.....

Office use only: Referral to TB control Centre Y / N  Record complete

Signature:.....

Name:.....

Date: .....

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Your personal information will not be disclosed to any other third parties without consent, unless required by law. If you choose not to provide your personal information, you will not meet the condition of employment.

For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at [www.health.qld.gov.au](http://www.health.qld.gov.au)

**Consent**

I consent to the recruitment panel/human resources department giving personal information in this form to other areas within the Queensland public sector health system (including the Department of Health and Hospital and Health Services) for workforce planning and for outbreak management planning and response. This may include line managers and infection control units.

Candidate please complete:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Brand names of vaccines

### Australian Immunisation Handbook 10<sup>th</sup> Edition (updated June 2015)

#### Measles, Mumps, Rubella

- M-M-R-II
- Priorix
- Priorix-tetra
- ProQuad

#### Pertussis

- Adacel/ Adecel polio
- Boostrix/ Boostrix IPV

#### Varicella

- Varilrix
- Varivax
- Priorix-tetra
- ProQuad

Brand name of zoster vaccine:

- Zostavax.

#### Hepatitis B

- H-B-Vax II (adult or paediatric formulation)
- Engerix-B (adult or paediatric formulation)
- Infanrix hexa
- Twinrix/Twinrix Junior
- ComVax
- Infanrix hep B

#### Hepatitis A

- Avaxim
- Havrix/ Havrix Junior
- Vaqta
- Twinrix/Twinrix Junior
- Vivaxim

#### Footnotes and further information:

1. Pre offer of employment requires minimum of one dose of Measles, mumps, rubella (MMR) vaccine course and second dose to be administered within one month of first dose vaccines given under 12 months of age are not considered a valid dose. The prospective worker will be required to commit to completing the full course.
2. Positive IgG (Immunoglobulin G) indicates evidence of serological immunity, which may result from either

natural infection or immunisation. Pre offer of employment requires minimum of one dose of Varicella (chicken pox) vaccine course and second dose (if required, evidence of one dose is sufficient if the person received their first dose before 14 years of age) to be administered within one month of first dose. The prospective worker will be required to commit to completing the full course.

3. Anti-HBs (hepatitis B surface antibody) greater than or equal 10 IU/mL indicates immunity. If the result is less than 10 IU/ml (<10 IU/ml), this indicates lack of immunity.
4. Primary Hepatitis B vaccine course is recommended 0, 1, 5 month intervals. It is usually given as a 3 dose course with 1 month minimum interval between 1<sup>st</sup> and 2<sup>nd</sup> dose, 2 months minimum interval between 2<sup>nd</sup> and 3<sup>rd</sup> dose and 4 months minimum interval between 1<sup>st</sup> and 3<sup>rd</sup> dose. For adolescents between the ages of 11-15 primary hepatitis B vaccine may be given as a two dose course, with the two doses 4-6 months apart. Secondary Hepatitis B vaccine course is an additional 3 doses with a minimum interval of 1 month between each vaccine. Anti-HBs (hepatitis B surface antibody) is checked at intervals to assess seroconversion. Pre offer of employment requires prospective worker to have commenced a course of Hepatitis B and had at least 2 vaccines one month apart. The course must be completed in accordance with the SCHHS Hepatitis B vaccination standing drug order including timely follow up of vaccinations and pathology tests. The prospective worker will be required to commit to completing the full course.
5. Letter from a medical practitioner, vaccine service provider or other health professional acceptable to the HHS or the Department with a statement that the individual is not susceptible to hepatitis B. Such a letter should be on practice/facility letterhead, signed by the provider/practitioner, and including their professional designation, service provider number (if applicable) and practice stamp. Other documented evidence that an individual is not susceptible to hepatitis B infection may include serology testing indicating a hepatitis B core antibody (Anti-HBc /HBcAb), or a documented history of past hepatitis B infection. Prospective workers (including students and volunteers) who are hepatitis B antigen positive do not have to disclose their hepatitis B infection status unless they perform exposure-prone procedures (see *Guideline for the management of Human Immunodeficiency Virus (HIV), hepatitis B virus, and hepatitis C virus infected healthcare workers*).
6. Brand names of vaccines not in the current *edition of the Australian Immunisation Handbook* are vaccines that were included in previous immunisation schedules. Internationally administered vaccine may have a different brand