**Form C**

# Candidate evidence form for vaccine preventable diseases

Candidates must provide evidence of mandatory vaccinations, as identified in the VPD checklist / job role.

Complete the table below identifying each row with a ✓for each disease when you are able to evidence the vaccinations, serology or other acceptable evidence. Attach a copy of the documentation evidence of vaccination.

All supporting evidence from vaccine service providers must be printed on practice / facility letterhead or have a practice / facility stamp **and** be signed by the service provider including their name and designation. Statutory declarations from candidates will not be accepted.

Candidates born from 1996 may be able to obtain sufficient evidence from Australian Childhood Immunisation Register (ACIR) contact 1800 653 809 or via www.my.gov.au and proceed to Medicare online account.

If you do not have the required evidence this must be obtained from your vaccine service provider.

- Take form titled **Form B: Healthcare provider certification form for vaccine preventable diseases** ensuring all mandatory fields are completed and signed where required.

| First name | Surname | Job Reference No. |
|---|---|---|
| Postal address: | | |
| Date of birth: | Sex: | Phone no. |
| Email: | | |

| Disease | Evidence of vaccination | Documented serology results | Other acceptable evidence | IMS use only |
|---|---|---|---|---|
| **Measles, Mumps, and Rubella** | OR<br>☐ **Attach evidence** of two documented doses of MMR vaccine at least one month apart[1]<br>Date dose 1:<br>___/___/_____<br>Date dose 2:<br>___/___/_____ | OR<br>☐ **Attach evidence** of blood test results showing immunity (positive IgG) for each of measles, mumps, and rubella[2]<br>Date of serology:<br>___/___/_____ | ☐ Birth date before 1966<br>OR<br>☐ **Attach evidence** of partial course of MMR vaccine[1] (must not be overdue for dose 2, due one month after dose 1)<br>Date of dose 1:<br>___/___/_____ | Compliant (circle):<br>Yes / No<br>*OR*<br>☐ Partially compliant<br>☐ N/A<br>Initials _____ |
| **Pertussis** | ☐ **Attach evidence** of documented history of one adult dose of dTpa within the past ten years<br>Date of dose:<br>___/___/_____ | Serology not acceptable | No other evidence acceptable other than vaccination in last 10 years | Compliant (circle):<br>Yes / No<br>Initial:<br>☐ N/A |

| Disease | Documented serology results | Evidence of vaccinations | Other acceptable evidence | IMS use only |
|---|---|---|---|---|
| **Varicella** | OR<br>☐ **Attach evidence** of blood test showing positive IgG for varicella[2]<br>Date of serology:<br>___/___/_____ | OR<br>☐ **Attach evidence** of documented doses of age appropriate varicella vaccine[3] (including zoster) at least one month apart<br>Date dose 1:<br>___/___/_____<br>Date dose 2*:<br>___/___/_____<br>(*Only required if not Zostervax). | ☐ **Attach evidence** of documented history of physician-diagnosed chickenpox or shingles4<br>Date: ___/___/_____<br>OR<br>☐ **Attach evidence** of partial course of varicella vaccine[3](must not be overdue for dose 2, due one month after dose 1)<br>Date of dose 1:<br>___/___/_____ | Compliant (circle):<br>Yes / No<br>*OR*<br>☐ Partially compliant<br>☐ N/A<br>Initials _____ |
| **Disease** | **Documented serology results** | **Evidence of 6 vaccinations and post serology <10 IU/mL for non responders** | **Other acceptable evidence** | IMS use only |
| **Hepatitis B**<br>**Accelerated schedules are not accepted** | OR<br>☐ **Attach evidence** of Anti-HBs greater than or equal to 10 IU/mL[5]<br>Titre level:_____<br>Date of serology:<br>___/___/_____ | OR<br>☐ **Attach evidence** of documented history showing **completion of a course of 6 hepatitis B vaccinations** in accordance with the SCHHS standing drug order **and Anti-HBs less than 10-IU/mL[5] post 6 vaccinations**<br>6(For vaccine non-responders completion of an intradermal pathway is optional.)<br>Date of dose:<br>1:___/___/_____<br>2: ___/___/_____<br>3: ___/___/_____<br>For non-responders<br>4: ___/___/_____<br>5: ___/___/_____<br>6: ___/___/_____<br>Date of serology:_/__/__ | OR<br>☐ **Attach evidence** of documented evidence that the individual is not susceptible to hepatitis B[7]<br>OR<br>☐ **Attach evidence** of partial course of Hepatitis B vaccine[6]<br>(**Must** have 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)<br>Date of dose:<br>1:___/___/_____<br>2: ___/___/_____<br>3: ___/___/_____<br>For non-responders<br>4: ___/___/_____<br>5: ___/___/_____<br>6: ___/___/_____ | Compliant (circle):<br>Yes / No<br>*OR*<br>☐ Partially compliant<br>☐ N/A<br>Initials _____ |

| Disease | Documented serology results | Evidence of vaccinations | Other acceptable evidence | IMS use only |
|---|---|---|---|---|
| **Hepatitis A (FOR PLUMBERS ONLY)** | ☐ **ATTACH EVIDENCE** of positive Hepatitis A antibodies or anti-HAV IgG<br>Date of serology:<br>___/___/_____ | **OR**<br>☐ **ATTACH EVIDENCE** of documented history of course of Hepatitis A vaccination, vaccines at least six months apart<br>Date of dose 1:<br>___/___/_____<br>Date of dose 2:<br>___/___/_____ | **OR**<br>☐ **ATTACH EVIDENCE** of documented evidence that the individual is not susceptible to Hepatitis A<br>**OR**<br>☐ **ATTACH EVIDENCE** of partial course of Hepatitis A vaccine (must not be overdue for dose 2, due six months after dose 1)<br>Date of dose 1:<br>___/___/_____ | Compliant (circle):<br>Yes / No<br>*OR*<br>☐ Partially compliant<br>☐ N/A<br>Initials _____ |

## Tuberculosis (TB) screening

1. Which country were you born in? ❒ Australia ❒ Other - Country of birth.....

2. 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 ...

3. Have you ever been diagnosed with TB? ❒ Yes ❒ No

   If Yes provide details: Date: ..../...../..... Name of health provider.....

   Duration of treatment .....months Treatment prescribed.....

4. Have you ever been in contact with a person with active TB disease? ❒ No ❒ Yes If yes, when.....

5. 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……

6. Have you ever had a BCG vaccination? ❒ No ❒ Yes-

   If yes, provide date: .../...../..... Location …….

7. Have you **previously** worked in any of the following healthcare settings?

| | Y | N | 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 | | | |

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

| Yes | No | Unsure |
|---|---|---|
| | | |

9. Do you have any of the following symptoms?

   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:.....

## Privacy Notice

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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**

## 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 10th 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.
3. 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.
4. Letters from medical practitioners or other vaccine service providers should state the date chickenpox or shingles was diagnosed and should be on practice/facility letterhead, signed by the provider/practitioner including professional designation and service provider number (if applicable).
5. Anti-HBs (hepatitis B surface antibody) greater than or equal 10 International units/mL indicates immunity. If the result is less than 10 International units/mL (<10 International units/mL), this indicates lack of immunity.
6. 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 1st and 2nd dose, 2 months minimum interval between 2nd and 3rd dose and 4 months minimum interval between 1st and 3rd 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.
7. 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).
8. 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 name.