<table>
<thead>
<tr>
<th>Disease</th>
<th>Evidence of vaccination</th>
<th>Documented serology results</th>
<th>Other acceptable evidence</th>
<th>QH use only</th>
</tr>
</thead>
</table>
| **Measles, Mumps, and Rubella** | □ Two documented doses of Measles, mumps and rubella (MMR) vaccine at least one month apart | □ positive IgG for each of measles, mumps, and rubella¹                                                                                  | □ Birth date before 1966                                                             | Compliant (circle): Yes / No  
OR  
□ Partial course of MMR vaccine²  
Date of dose 1: ___/___/_____  
Source: □ QML  
□ SNP  
□ Qld Health AUSLAB  
□ Other: ___________  
□ Partially compliant |
| **Pertussis**                | □ Documented history of one adult dose of dTpa within the past ten years                   | Not applicable                                                                              | Not applicable                                                                             | Compliant (circle): Yes / No  
OR  
□ Partially compliant |
| **Varicella**                | □ Documented history of age appropriate course of varicella vaccination³ (including zoster) | □ Positive IgG for varicella¹  
Source: □ QML  
□ SNP  
□ Qld Health AUSLAB  
□ Other: ___________  
□ Documented history of physician-diagnosed chickenpox or shingles⁴  
Date of dose 1: ___/___/_____  
□ Partial course of varicella vaccine (including zoster)⁵  
Date of dose 1: ___/___/_____  
□ Partially compliant |
**Hepatitis B**

- Documented history of two or three doses for age appropriate course of hepatitis B vaccine
  - Date of dose 1: ___/___/_____
  - Date of dose 2: ___/___/_____
  - Date of dose 3: ___/___/_____

- Anti-HBs greater than or equal to 10 IU/mL
  - Source: QML
  - OR
  - SNP
  - Qld Health AUSLAB
  - Other:__________

- Documented evidence that the individual is not susceptible to hepatitis B

- Partial course of Hepatitis B vaccine
  - Date of dose 1: ___/___/_____
  - Date of dose 2: ___/___/_____

Compliant (circle):
- Yes / No
- OR
- Partially compliant

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**Privacy Notice**

Personal information collected by Queensland Health is handled in accordance with the *Information Privacy Act 2009*. Queensland Health is collecting personal information in accordance with the *Information Privacy Act 2009* in order to meet its obligations to provide a safe workplace. All personal information will be securely stored and only accessible by authorised Queensland Health staff.

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.

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**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.

Applicant please complete:

Name: ____________________________________________    Date:___________________

Signature:____________________________________________

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**Australian Immunisation Handbook 10th Edition (updated June 2015) brand names of vaccines are as follows:**

### Hepatitis B

Brand names of hepatitis B vaccines are:
- H-B-Vax II (adult or paediatric formulation)
- Engerix-B (adult or paediatric formulation)

Brand names of combination vaccines containing hepatitis B vaccine are:
- Infanrix hexa (diphtheria, tetanus, pertussis, Haemophilus influenzae type b, Hepatitis B, polio)
- Twinrix/Twinrix Junior (hepatitis A, hepatitis B)
- ComVax (Haemophilus influenza type B, hepatitis B)
- Infanrix hep B (diphtheria, tetanus, pertussis, acellular, hep B)

### Measles, Mumps, Rubella

Brand names of MMR vaccine are:
- M-M-R-II
- Priorix
- Priorix-tetra
- ProQuad
- Varilrix
- Varivax
- Priorix-tetra
- ProQuad

Brand name of zoster vaccine:
- Zostavax.
Footnotes and further information:

1. Positive IgG (Immunoglobulin G) indicates evidence of serological immunity, which may result from either natural infection or immunisation.

2. Pre offer of employment requires minimum of one dose of Measles, mumps, rubella (MMR) vaccine course and second dose to be administered within three months of commencement. The prospective worker will be required to commit to completing the full course.

3. Two doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person received their first dose before 14 years of age).

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. Pre offer of employment requires minimum of one dose of Varicella (chicken pox) vaccine course and second dose (if required) to be administered within three months of commencement. The prospective worker will be required to commit to completing the full course.

6. Hepatitis B vaccine 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 hepatitis B vaccine may be given as a two dose course, with the two doses 4-6 months apart.

7. Anti-HBs (hepatitis B surface antibody) greater than or equal to 10 IU/mL indicates immunity. If the result is less than 10 IU/mL (<10 IU/mL), this indicates lack of immunity.

8. 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).

9. Pre offer of employment requires minimum of two doses of Hepatitis B vaccine course and third dose to be administered within six months of commencement. The prospective worker will be required to commit to completing the full course.

10. ComVax and Infanrix hexa are brand names of vaccine not in the updated Australian Immunisation Handbook 10th Edition (updated June 2015). These are vaccines that were included in previous immunisation schedules. Internationally administered vaccine may have a different brand name.