

Vaccine preventable diseases evidence certification form

To be completed by the applicant's treating medical practitioner, registered nurse, or occupational health provider

Surname:		Practice stamp or facility name and address:
First name:		
Address:		
Date of birth:	Phone number:	
Email:		
Job Reference No:		
Health Professional Name:	Designation:	
Health Professional Signature:	Provider No: (if applicable)	

Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence	Clinical Assessment
Measles, Mumps, and Rubella	<input type="checkbox"/> Two documented doses of Measles, mumps and rubella (MMR) vaccine at least one month apart: Date dose 1: ___/___/___ Date dose 2: ___/___/___	<input type="checkbox"/> positive IgG for each of measles, mumps, and rubella ¹ Date of serology ___/___/___ Source:	<input type="checkbox"/> Birth date before 1966 <input type="checkbox"/> Partial course of MMR vaccine ² Date dose 1: ___/___/___	Compliant YES / NO Initial _____ OR <input type="checkbox"/> Partially Compliant
		OR	OR	
Pertussis	<input type="checkbox"/> Documented history of having a pertussis containing vaccine in the past 10 years: Date of dose: ___/___/___ (ADT does not contain pertussis)	Not applicable	Not applicable	Compliant YES / NO Initial _____
Varicella	Documented history of age appropriate course of: <input type="checkbox"/> Varicella vaccination ² Date dose 1: ___/___/___ Date dose 2*: ___/___/___ (*if course is initiated after age 14)	<input type="checkbox"/> positive IgG for varicella ¹ Date of serology ___/___/___ Source:	<input type="checkbox"/> Documented history of physician-diagnosed chickenpox or shingles ³ <input type="checkbox"/> Partial course of Varicella vaccine ⁵ Date dose 1: ___/___/___	Compliant YES / NO Initial _____ OR <input type="checkbox"/> Partially Compliant
		OR	OR	



Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence	Clinical Assessment
Hepatitis B <input type="checkbox"/> Tick if Administration Role with no hepatitis B requirement	<input type="checkbox"/> Documented history of two or three doses for age appropriate course of hepatitis B vaccine ⁴ Date dose 1: ___/___/___ Date dose 2: ___/___/___ Date dose 3: ___/___/___ (Not "accelerated" course)	<input type="checkbox"/> Anti-HBs greater than or equal to 10 IU/mL ⁵ Date of serology ___/___/___ Source: _____	<input type="checkbox"/> Documented evidence that the individual is not susceptible to hepatitis B ⁶ OR <input type="checkbox"/> Partial course of Hepatitis B vaccine ⁹ Date dose 1: ___/___/___ Date dose 2: ___/___/___	Compliant YES / NO Initial _____ OR <input type="checkbox"/> Partially Compliant
Hepatitis A (for plumbers and workers who have a main employment location as Woorabinda or Birribi)	<input type="checkbox"/> Documented history of two doses for age appropriate course of hepatitis A vaccine ⁷ at least six-months apart Date dose 1: ___/___/___ Date dose 2: ___/___/___	<input type="checkbox"/> positive IgG for Hepatitis A ¹ Date of serology ___/___/___ Source: _____	<input type="checkbox"/> positive Hepatitis A surface antibodies Date of serology ___/___/___ Source: _____	Compliant YES / NO Initial _____ OR <input type="checkbox"/> Partially Compliant
Influenza (mandatory for Aged Care Facility from 1 May 2020)	<input type="checkbox"/> Documented history of current ⁹ season influenza vaccine Date of dose: ___/___/___	Not applicable	Not applicable	Compliant YES / NO Initial _____

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. 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.

Name: _____

Date: _____

Signature: _____

ATAGI - The Australian Immunisation Handbook (online November 2019) brand names of vaccines are as follows:**Hepatitis B**

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

Measles, Mumps, Rubella

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

Varicella

- Varilrix
- Varivax
- Priorix-tetra
- ProQuad
- Zostavax.

Pertussis

- Adacel/ Adecel polio
- Boostrix/ Boostrix IPV

Hepatitis A

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

Footnotes and further information:

1. Positive IgG (Immunoglobulin G) indicates evidence of serological immunity, which may result from either natural infection or immunisation.
2. 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).
3. Letter from a medical practitioner who has made a clinical diagnosis of chickenpox or shingles with a statement that the individual is not susceptible to chickenpox. Such a letter should be on practice/facility letterhead, signed by the provider, and including their professional designation, service provider number and practice stamp. 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.
4. 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
5. 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.
6. Hepatitis A vaccine is usually given as a 2 dose course with 6 month minimum between doses. When Hepatitis A is given as a combination with Hepatitis B then 3 dose course as per footnote 4.
7. ComVax is brand name of vaccine not in the updated Australian Immunisation Handbook. These are vaccines that were included in previous immunisation schedules. Internationally administered vaccine may have a different brand name.
8. A current Influenza vaccination is reflected by vaccine availability. For example the 2020 Influenza Vaccine should be current from March 2020 – April 2021