

Evidence of Immunity/Vaccination must be provided BEFORE commencement. Failure to provide the requested evidence may result in delays to your employment. Evidence can generally be obtained from your health care provider or previous employer.

Please contact the Staff Immunisation Clinic if you are unable to obtain evidence to discuss your options PRIOR to employment.

First Name	_____	Last Name	_____
Address	_____	Suburb	_____
Postcode	_____	Employee No (if known)	_____
Preferred method of Contact (please provide at least one)	_____	Email	_____
Telephone	_____	Mobile	_____
D.O.B.	_____	Country of Birth	_____
	(if born outside Australia please provide the year of arrival)		
Job Title/Role	_____	Ward/Area	_____
Campus	<input type="checkbox"/> TNH	<input type="checkbox"/> BHS	<input type="checkbox"/> BECC <input type="checkbox"/> CHS

ALLERGIES

Do you have any allergies or sensitivity to:

- Personal Protective Equipment (PPE)?  Yes  No  Unsure
- Latex products?  Yes  No  Unsure
- Skin antiseptics products?  Yes  No  Unsure
- Hand Hygiene products?  Yes  No  Unsure

Provide details and List any other allergies or sensitivities

Northern Health assesses the immunisation status of new employees in accordance with the Guidelines of the Victorian and Federal Departments of Health. This is done to ensure the safety of employees, patients and volunteers.

**If you choose to decline assessment or vaccination you MUST contact the Staff Immunisation Clinic PRIOR to commencement for a confidential discussion and documentation of your declination.**

Additional information regarding vaccination is available from the Infection Prevention Nurses in the Staff Immunisation Clinic by phoning **(03) 8405 8139** or via email [staff.health@nh.org.au](mailto:staff.health@nh.org.au) .

The information contained in this questionnaire is treated confidentially, it will be recorded on an electronic database with restricted access. The hard copy files are restricted to access by the Infection Prevention Nurse Consultants.

The information provided will be used to assess staff immunisation requirements at commencement of employment and in the event of an exposure to a vaccine preventable disease within the organisation.

**Please Turn Over to provide your vaccination History**

Employee group	<u>Category A</u> <input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Allied Health <input type="checkbox"/> CSSD <input type="checkbox"/> Environmental services <input type="checkbox"/> PSA <input type="checkbox"/> Dialysis Tech <input type="checkbox"/> Mortuary Tech <input type="checkbox"/> Biomedical staff <input type="checkbox"/> Engineering staff	<u>Category B</u> <input type="checkbox"/> Pharmacists <input type="checkbox"/> Pharmacy techs <input type="checkbox"/> Ward Clerks <input type="checkbox"/> Food Services <input type="checkbox"/> Hospital Volunteers <input type="checkbox"/> Plumbers	<u>Category C</u> <input type="checkbox"/> Administration <input type="checkbox"/> Executive staff <input type="checkbox"/> HIS / HIM <input type="checkbox"/> Supply
Disease	evidence of vaccination	Documented (blood) serology results	other acceptable evidence
<b>Pertussis (whooping cough)</b>  Required for Cat A & B staff	<input type="checkbox"/> One adult dose of pertussis containing vaccine within last 10 years	Serology will not be accepted	Not applicable
<b>Hepatitis B</b>  Required for Cat A Recommended for Cat B		<input type="checkbox"/> Hep B surface antibodies greater than 10mIU/ml	<input type="checkbox"/> Documented evidence of past Hepatitis B infection
<b>Measles</b>  Required for Cat A & B staff	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart	<input type="checkbox"/> Positive IgG for measles	<input type="checkbox"/> Birth date before 1966
<b>Varicella (chickenpox)</b>  Required for Cat A & B staff	<input type="checkbox"/> 2 doses of varicella vaccine at least on month apart	<input type="checkbox"/> Positive IgG for varicella	Not applicable – history of disease will not be accepted
<b>Tuberculosis (TB)</b> <i>optional</i>	Result for interferon-gamma release assay – eg Quantiferon Gold Date / / Result:		
<b>Influenza</b> Recommended annually for all categories	<input type="checkbox"/> Annual influenza vaccination date / /	Not applicable	Not applicable
<b>Hepatitis A</b> <i>(engineering &amp; endoscopy staff only)</i>	<input type="checkbox"/> 2 doses of Hepatitis A containing vaccine at least six months apart	<input type="checkbox"/> Hepatitis A antibodies detected	

**OR**

I declare that the information provided by me is true and accurate as it relates to my personal vaccination history. I have attached documented evidence of my vaccinations and/or serology (blood tests).

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

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

Previous versions of this form will not be accepted after 14/8/17

**All Category A and B must provide evidence** (i.e. letters from staff health service, serology results, vaccination records) **for the required vaccinations or contact the Staff Immunisation Clinic to provide a declination.**

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