

Vaccine preventable diseases evidence certification form

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

Applicants surname:		Practice stamp or facility name and address:		
First name:				
Address:				
Phone number:	Date of birth:			
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	QH use only
Measles, Mumps, and Rubella	<input type="checkbox"/> Two documented doses of Measles, mumps and rubella (MMR) vaccine 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 ¹ Source: <input type="checkbox"/> QML <input type="checkbox"/> SNP <input type="checkbox"/> Qld Health AUSLAB <input type="checkbox"/> Other: _____	<input type="checkbox"/> Birth date before 1966	Compliant (circle): Yes / No OR <input type="checkbox"/> Partially compliant
			<input type="checkbox"/> Partial course of MMR vaccine ² Date of dose 1: ___/___/___	
Pertussis	<input type="checkbox"/> Documented history of one adult dose of dTpa within the past ten years Date of dose: ___/___/___	Not applicable	Not applicable	Compliant (circle): Yes / No
Varicella	<input type="checkbox"/> Documented history of age appropriate course of varicella vaccination ³ (including zoster) Date of dose 1: ___/___/___ Date of dose 2*: ___/___/___ (*if course is initiated after age 14).	<input type="checkbox"/> Positive IgG for varicella ¹ Source: <input type="checkbox"/> QML <input type="checkbox"/> SNP <input type="checkbox"/> Qld Health AUSLAB <input type="checkbox"/> Other: _____	<input type="checkbox"/> Documented history of physician-diagnosed chickenpox or shingles ⁴	Compliant (circle): Yes / No OR <input type="checkbox"/> Partially compliant
			<input type="checkbox"/> Partial course of varicella vaccine (including zoster) ⁵ Date of dose 1: ___/___/___	



Hepatitis B	<input type="checkbox"/> Documented history of two or three doses for age appropriate course of hepatitis B vaccine ⁶	<input type="checkbox"/> Anti-HBs greater than or equal to 10 IU/mL ⁷	<input type="checkbox"/> Documented evidence that the individual is not susceptible to hepatitis B ⁸	Compliant (circle): Yes / No OR <input type="checkbox"/> Partially compliant
	Date of dose 1: ____/____/____ Date of dose 2: ____/____/____ Date of dose 3: ____/____/____	Source: <input type="checkbox"/> QML <input type="checkbox"/> SNP <input type="checkbox"/> Qld Health AUSLAB <input type="checkbox"/> Other: _____	<input type="checkbox"/> Partial course of Hepatitis B vaccine ⁹ Date of dose 1: ____/____/____ Date of dose 2: ____/____/____	

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.

Consent to pass information

I do / do not consent to the recruitment panel/human resources department passing on relevant health information to the Hospital and Health Service staff health and/ or infection control units. This will allow appropriate management of staff health vaccination programs and outbreak management. If you choose not to allow your information to be passed on to staff health and/or infection control units, this will not affect your offer of employment.

Applicant please complete:

Name: _____

Date: _____

Signature: _____

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

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)¹⁰
- Infanrix hep B (diphtheria, tetanus, pertussis, acellular, hep B)¹⁰

Measles, Mumps, Rubella

Brand names of MMR vaccine are:

- M-M-R-II
- Priorix

Vaccines that contain measles, mumps, rubella and varicella (chickenpox) vaccines are:

- Priorix-tetra
- ProQuad

Varicella

- Varilrix
- Varivax

Brand names of combination vaccine containing varicella vaccine are:

- 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 applicant 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 applicant 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 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. Applicants (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 applicants will be required to commit to completing the full course.
10. Brand name of vaccine not in the updated *Australian Immunisation Handbook* 10th Edition (updated June 2015) are vaccines that were included in previous immunisation schedules. Internationally administered vaccine may have a different brand name.