

COMPLIANCE CERTIFICATE

OFFICIAL WORKFORCE HEALTH



Supporting the SA Health [Addressing vaccine preventable disease: Occupational assessment, screening and vaccination Policy](#)

Appropriately Trained Assessor

Refers to an individual who has the appropriate skills to competently assess another individual's compliance status with the policy and is considered to have appropriate skills to competently assess another individual's compliance status with the policy. This may be a doctor, paramedic, registered nurse (RN) or enrolled nurse (EN) who has training on this policy in the interpretation of immunological test results and vaccination schedules.

Instructions:

The appropriately trained assessor will:

- Review the acceptable evidence provided and tick appropriate boxes.
- Complete this certificate AFTER any indicated blood test results are available and vaccinations given.
- Update the certificate as more information is provided.

Student statement of compliance

SA Health has a duty of care and a responsibility under the [Work Health and Safety Act 2012](#): to minimise the transmission of vaccine preventable diseases (VPD) in the workplace, and the impact VPDs may have on its workers. Health care workers (HCW) have an increased risk of acquiring some vaccine preventable diseases (including COVID-19) and of transmitting these diseases to other HCWs, patients/clients, and visitors in SA Health services.

1. I have read and understand the requirements of the [Addressing vaccine preventable disease: Occupational assessment, screening and vaccination Policy](#), and read the Immunisation and Blood-Borne Virus Policies of name of Education Provider.
2. I understand that if I am not compliant with the requirements of the [Addressing vaccine preventable disease: Occupational assessment, screening and vaccination Policy](#) that I will not be offered a clinical placement in SA Health services.
3. I understand that I may be required to produce my immunisation records (Compliance Certificate, vaccination records and or serology reports) for sighting by SA Health Staff Health/Worker Health Nurse or Authorised Officer in accordance with these directives.
4. I understand that documented evidence of a pertussis-containing booster vaccine (dTpa) within the previous 10 years is required. If I am due a booster vaccine during the duration of my course, it is my responsibility to have this done ensuring I remain compliant with the requirements of the [Addressing vaccine preventable disease: Occupational assessment, screening and vaccination Policy](#).
5. I acknowledge that I may be required to comply with other infection control risk mitigation strategies (e.g. PPE) as reasonably required whilst working in a Category A or B role.
6. I understand that name of Education Provider will initiate disciplinary proceedings according to institutional protocols if there is evidence that I have provided which is incorrect, misleading, fraudulent, or false.

Student Name

Student ID

Program Completing

Signature

Date

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VPD	Immune Status		Blood test result	Date Vaccination given
	Immunity Confirmed By	Not immune		
Hepatitis B It is recommended students who are NOT IMMUNE complete SA Health: <u>Health Care Worker Hepatitis B Non-Immunity Awareness Declaration</u> and submit this form to name of Education Provider.	<input type="checkbox"/> Blood test result Serology evidence from: <input type="checkbox"/> Laboratory _____ Immunisation evidence from: AIR / personal record / other _____	<input type="checkbox"/> Vaccination required <input type="checkbox"/> Blood test required <input type="checkbox"/> Confirmed non-responder	<input type="checkbox"/> Not immune <input type="checkbox"/> Immune Date of blood test: _____ Test result: _____	Vaccine (dose 1) date given: Brand & batch no.: _____ Vaccine (dose 2) date given: Brand & batch no.: _____ Vaccine (dose 3) date given: Brand & batch no.: _____ Booster dose date given: Brand & batch no.: _____
	<input type="checkbox"/> Born before 1966 <input type="checkbox"/> Vaccination record Immunisation evidence from: AIR / personal record / other _____ <input type="checkbox"/> Blood test result Serology evidence from: <input type="checkbox"/> Laboratory _____	<input type="checkbox"/> Vaccination(s) required	<input type="checkbox"/> Not immune (please circle) Measles, mumps, rubella <input type="checkbox"/> Immune (please circle) Measles, mumps, rubella Date of blood test: _____ Rubella result(IU/mL)	Vaccine (dose 1) date given: Brand & batch no.: _____ Vaccine (dose 2) date given: Brand & batch no.: _____
Chickenpox (varicella-zoster)	<input type="checkbox"/> Blood test result Serology evidence from: <input type="checkbox"/> Laboratory _____	<input type="checkbox"/> Blood test required	<input type="checkbox"/> Not Immune	Vaccine (dose 1) date given: Brand & batch no.: _____
	<input type="checkbox"/> Vaccination record Immunisation evidence from: AIR / personal record / other _____	<input type="checkbox"/> Vaccination(s) required	<input type="checkbox"/> Immune Date of blood test: _____	Vaccine (dose 2) date given: Brand & batch no.: _____
Diphtheria, Tetanus, Pertussis (dTpa)	<input type="checkbox"/> Vaccination record of booster dose in the last 10 years Immunisation evidence from: AIR / personal record / other _____	<input type="checkbox"/> Vaccination required (booster)	Not applicable	Vaccine (booster) date given: Brand & batch no.: _____

Poliomyelitis	<input type="checkbox"/> Vaccination history	<input type="checkbox"/> Vaccination required	Not applicable	Primary vaccination course date commenced:
COVID-19 <i>(not mandatory, strongly recommended)</i>	<input type="checkbox"/> Vaccination record		Not applicable	Vaccine (most recent dose) date given: Brand & batch no.:
Influenza <i>(not mandatory, strongly recommended)</i>	<input type="checkbox"/> Vaccination record		Not applicable	Vaccine date given: Brand & batch no.:
Hepatitis A <i>(not mandatory, strongly recommended for specific groups)</i>	<input type="checkbox"/> Vaccination record	<input type="checkbox"/> Vaccination required	<input type="checkbox"/> Not immune	Vaccine (dose 1) date given: Brand & batch no.:
	<input type="checkbox"/> Blood test result Evidence from: <input type="checkbox"/> Laboratory _____		<input type="checkbox"/> Immune	Vaccine (dose 2) date given: Brand & batch no.:
Tuberculosis Screening (self-declaration)	Students must complete the SA Health Online Tuberculosis Screening Questionnaire. It is recommended students complete this prior to receiving vaccinations as they are unable to complete a TB Screening (IGRA and/or TST) within 4 weeks of having a live vaccination.			
	1. I have completed the online questionnaire and have been assessed as low risk and do not require a follow-up appointment. OR			<input type="checkbox"/>
2. I have completed the online questionnaire; I was assessed as high risk and have received follow-up with SA Health TB Services and received clearance for placement.			<input type="checkbox"/>	

Appropriately Trained Assessor statement:

I confirm that I have assessed the immunisation history and needs of this student and report their immunisation status is as follows:

<p>COMPLETED Student has completed all vaccination requirements and has serological evidence of immunity (where required).</p> <p>Signed: Print name: Date:</p> <div style="border: 1px solid black; height: 80px; margin-top: 20px; padding: 5px;">Practice Stamp or address</div>	<p>COMMENCED Student has commenced a vaccination schedule for one or all required VPD's as listed but has outstanding requirements.</p> <p>Signed: Print name: Date:</p> <div style="border: 1px solid black; height: 80px; margin-top: 20px; padding: 5px;">Practice Stamp or address</div>	<p>MEDICAL CONTRAINDICATION Student has not seroconverted or has a confirmed medical contraindication to vaccination. The student has been advised to follow name of Education Provider management of contraindications to vaccination and COVID-19 exemptions policies.</p> <p>Contraindication to:</p> <p>Signed: Print name: Date:</p> <div style="border: 1px solid black; height: 80px; margin-top: 20px; padding: 5px;">Practice Stamp or address</div>
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Hepatitis B	<ul style="list-style-type: none"> > Documented evidence of hepatitis B core antibody; OR > Documented level of hepatitis B surface antibody ($\geq 10\text{mIU/ml}$) following completion of a course of hepatitis B vaccine. > Confirmation of immunity post-vaccination is required after completion of the vaccination course. > Individuals who have lived in a hepatitis B endemic country/setting for at least 3 months are required to have serology that includes hepatitis B surface antigen prior to vaccination.
Measles	<ul style="list-style-type: none"> > Documented evidence of measles antibody (IgG) on serology; OR > Documented evidence of 2 measles-containing vaccines at least 4 weeks apart; OR > Born before 1966; OR > Documented laboratory evidence of past measles infection.
Mumps	<ul style="list-style-type: none"> > Documented evidence of mumps antibody (IgG) on serology; OR > Documented evidence of 2 mumps-containing vaccines at least 4 weeks apart; OR > Born before 1966; OR > Documented laboratory evidence of past mumps infection.
Rubella	<ul style="list-style-type: none"> > Documented evidence of rubella antibody (IgG) on serology; OR > Documented evidence of 2 rubella containing vaccines at least 4 weeks apart; OR > Born before 1966; OR > Documented laboratory evidence of past rubella infection.
Varicella (chickenpox)	<ul style="list-style-type: none"> > Documented evidence of varicella antibody (IgG) on serology; OR > Documented evidence of 2 doses of varicella vaccination.
Pertussis (Diphtheria, Tetanus) – dTpa	<ul style="list-style-type: none"> > Documented evidence of a pertussis-containing booster vaccine within the previous 10 years
Polio	<ul style="list-style-type: none"> > Self-report of polio vaccination or self-report having had all standard childhood vaccines (note: for this VPD, no evidence is required).
COVID-19	<ul style="list-style-type: none"> > Documented evidence of receipt of one dose of COVID-19 vaccine which the Therapeutic Goods Administration has classified as either approved or recognised in Australia.
Influenza	<ul style="list-style-type: none"> > Documented evidence of the current year seasonal influenza vaccine.
Hepatitis A	<ul style="list-style-type: none"> > Documented evidence of hepatitis A antibody on serology (IgG); OR > Documented evidence of completed course of hepatitis A vaccine; OR > Documented laboratory evidence of past hepatitis A infection
Tuberculosis	<ul style="list-style-type: none"> > Documented evidence of having completed the SA Health Online Tuberculosis Screening Questionnaire and received clearance for placement email. > If risk is identified, further screening e.g. blood tests (IGRA), skin tests (TST) and chest x-rays required as indicated by SA TB Services.

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SAMPLE

For more information

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Workforce Health

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