

# Vaccine Preventable Disease Immunity Certification Category A

## NT Health Employee

Northern Territory (NT) Health is committed to providing a safe and healthy working environment for all workers and users of health care facilities, in accordance with National Health and Medical Research Council (NHMRC) Guidelines, National Safety and Quality Health Care Service Standards and other national, state and local policies, guidelines and procedures.

NT Health has a ***NT Health Worker Immunisation against Specified Vaccine Preventable Diseases Policy*** (Policy) that aims to:

- Minimise the impact of vaccine-preventable diseases (VPD) transmitted via contact, droplet, and airborne transmission in the workplace
- Increase the coverage of effective vaccines among the NT Health workforce
- Minimise the risk of VPD transmission to vulnerable populations in NT Health services.

Each new employee is required to submit a completed *Vaccine Preventable Disease Immunity Certification Form* (VPDIC Form) prior to commencement to comply with the Policy.

The VPDIC Form is a legal document and must be fully completed by a general practitioner or nurse immuniser\* with the knowledge to interpret serology in regards to VPD immunity.

This form must be completed by a third party, even if the applicant/worker is a general practitioner or nurse immuniser

Any associated costs of meeting the pre-employment requirements are the responsibility of the individual applicant.

The VPDIC Form will only be accepted if complete. Submitting incomplete forms may delay employment.

It is recognised that new employees may not have completed a course of vaccines prior to commencement. NT Health allows the individual to begin employment as long as the course has been commenced and a written statutory declaration is signed (within one month) declaring that the new employee will complete relevant vaccinations and serology.

\* A nurse immuniser is a registered nurse who has completed a recognised program of study, is approved within their jurisdiction to administer specified vaccines and can manage adverse reactions where there may not be a medical practitioner present.

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# Instructions: How to complete and submit your completed VPDIC Form into the NT Health C-Gov Staff Database

Your Health service manager/supervisor will have created a staff health file for you in the NT Health CGov database which will have generated an automated email to the address you supplied during recruitment. If you have not received this email please contact your recruitment manager.

## Step One

Print a copy of the Vaccine Preventable Disease Immunity Certificate Form Category A below (p. 4 & 5). Take the VPDIC Form and your vaccination evidence to a General Practitioner (GP) or Nurse Immuniser who will;

1. review your evidence,
2. determine your immunity to the mandatory VPDs required by your category and
3. declare your immunity status as; fully compliant; compliant to date; medically unable to comply
4. sign and date the form

If you have no vaccination evidence, the GP may perform serology testing to determine immunity, this will be at your own expense.

VPDIC Forms are legal documents and **are not to be completed by the applicant**, they must be completed by a GP or Nurse Immuniser

## Step Two

You should have received an automated email to the address you supplied during recruitment from the NT Health CGov staff health database containing a link where you upload your completed VPDIC Form. Process:

1. scan your completed VPDIC Form into an electronic format
2. open the link in the automated email
3. upload your completed VPDIC Form (no other attachments will be accepted)
4. complete additional questions
5. select "Submit"

Your form will be reviewed for completeness and deemed either; fully compliant, compliant to date or non-compliant. Email notification of your compliance status will be forwarded to you and your Health service manager/supervisor. If further actions are required, instructions will be given via email.

***Thank you so much for completing this important process***

## Notes on Contract Renewal

NT Health Workers changing roles or renewing contracts who have a current completed VPDIC Form may re-submit that same document, they are not required to attend a GP or Nurse Immuniser to have a new VPDIC Form completed for each contract change.

Examples include: When renewing a short term contract or existing workers who are moving to another role or position in NT Health.

# Vaccine Preventable Disease Immunity Certification Form - Category A

*Contact with Patients AND undertaking exposure prone procedures or direct or indirect contact with Blood or Body Substances*

This form is to be completed by a general practitioner or nurse immuniser. Please note this is a legal document.

## Section One: Worker Information

Last Name:	First Name:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone:	Email:
Position:	Employment Start Date:
Cost Centre:	Facility:

## Section Two: Mandatory Immunity Information

Disease	Requirement	Vaccination/Serology Evidence
<b>Chickenpox</b> (Varicella)	History of varicella (chickenpox) infection <b>OR</b> documented shingles <b>OR</b> documented positive varicella IgG <b>OR</b> documented evidence of age appropriate varicella vaccination (2 doses if aged 14 years and over)	<input type="checkbox"/> History of varicella or shingles <input type="checkbox"/> Serology confirmation of immunity <input type="checkbox"/> Vaccination course <b>complete</b> <input type="checkbox"/> Vaccination course <b>incomplete</b> 1 <sup>st</sup> dose given (date): ____/____/____
<b>Diphtheria, Tetanus, Pertussis</b>	One documented dose of adult dTpa within last 10 years	Vaccination date: ____/____/____
<b>Measles, Mumps, Rubella</b>	Born prior to 1966 <b>OR</b> documented evidence of positive IgG for measles, mumps and rubella <b>OR</b> documented 2 doses of MMR vaccine at least one month apart	<input type="checkbox"/> Born before 1966 <input type="checkbox"/> Serology confirmation of immunity <input type="checkbox"/> Vaccination course <b>complete</b> <input type="checkbox"/> Vaccination course <b>incomplete</b> 1 <sup>st</sup> dose given (date): ____/____/____
<b>Hepatitis B</b>	Documentation of age appropriate course of HBV containing vaccines of either 3 doses <b>OR</b> 2 doses (if given between age 11-15 years) <b>AND</b> documented seroconversion of HBsAb ( $\geq 10$ mIU/ml) <b>OR</b> HBcAb detected	<input type="checkbox"/> Vaccination course <b>incomplete</b> 1 <sup>st</sup> dose given (date): ____/____/____ 2 <sup>nd</sup> dose given (date): ____/____/____ <input type="checkbox"/> 3 <sup>rd</sup> dose given but no serology completed. 3 <sup>rd</sup> dose given (date): ____/____/____ <input type="checkbox"/> Serology confirmation of HBsAb >10mIU/ml <input type="checkbox"/> Titre level _____ <input type="checkbox"/> Serology confirmation of HBcAb
<b>SARS-CoV-2</b>	Documented 3 dose course OR Vaccine given according to national guidelines and current NT CHO directions.	<input type="checkbox"/> Vaccination course <b>up-to-date</b> <input type="checkbox"/> Vaccination course <b>incomplete</b> 1 <sup>st</sup> dose given (date): ____/____/____ Brand name of vaccine: _____ 2 <sup>nd</sup> dose given (date): ____/____/____ Brand name of vaccine: _____ 3 <sup>rd</sup> dose given (date): ____/____/____

		Brand name of vaccine: _____ Additional dose given(date): ____/____/____ Brand name of vaccine: _____
<b>Influenza</b>	One documented dose of vaccine during current influenza season (within 12mths).	<input type="checkbox"/> Vaccination date: ____/____/____

Recommended Immunity Information		
Disease	Requirement	Vaccination/Serology Evidence
<b>Hepatitis A</b> <b>ONLY for workers who work:</b> <ul style="list-style-type: none"> <li>in remote Indigenous communities or with Aboriginal or Torres Strait Islander children</li> <li>as plumbers or in regular contact with untreated sewage</li> <li>caring for persons with developmental disabilities</li> </ul>	Documented 2 dose course of hepatitis A vaccine <b>OR</b> Documented history of hepatitis A infection <b>OR</b> Serology evidence of immunity	<input type="checkbox"/> Vaccination course <b>complete</b> <input type="checkbox"/> Vaccination course <b>incomplete</b> 1 <sup>st</sup> dose given (date): ____/____/____ 2 <sup>nd</sup> dose given (date): ____/____/____ <input type="checkbox"/> History of hepatitis A infection <input type="checkbox"/> Serology confirmation of HAV IgG
<b>Meningococcal</b> <b>ONLY for laboratory workers</b> who frequently handle specimens containing <i>Neisseria meningitidis</i> .	Documentation of appropriate course containing vaccines over recommended timeframe: <ul style="list-style-type: none"> <li>MenACWY vaccine</li> <li>MenB vaccine</li> </ul>	<input type="checkbox"/> Vaccination course <b>complete</b> <input type="checkbox"/> Vaccination course <b>incomplete</b> 1 <sup>st</sup> dose given (date): ____/____/____ 2 <sup>nd</sup> dose given (date): ____/____/____

Section Three: Inability to Comply due to Medical Circumstances
Please document the medical circumstances preventing full compliance with the vaccine preventable diseases requirements for NT Health (Please attach extra pages if required).

Section Four: Certification by General Practitioner or Nurse Immuniser	
<p><b><i>This section MUST be completed by a General Practitioner or a Nurse Immuniser</i></b></p> <p><b>I have reviewed the evidence and certify the worker is:</b></p> <p><input type="checkbox"/> <b>Fully Compliant:</b> Please complete Section Two including dTpa vaccination date</p> <p><input type="checkbox"/> <b>Compliant to Date</b> (requires further vaccinations to complete course/s): Please complete Section Two</p> <p><input type="checkbox"/> <b>Unable to Comply</b> (due to medical circumstances): Please complete Section Two and Section Three</p>	
Signature:	Date: ____/____/____
Last Name:	First Name:
Telephone Number:	Email:
Certifier Designation: <input type="checkbox"/> General Practitioner – Provider number [                      ] <input type="checkbox"/> Nurse Immuniser	
or business stamp here	