

Form B

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Candidate evidence for Vaccine Preventable Disease (VPD)

Date Approved: Review Date: 14/12/2025

It is a mandatory requirement that all workers and volunteers progressing with or seeking to be engaged with the Sunshine Coast Hospital and Health Service (SCHHS) provide documentary evidence to verify that they are either vaccinated against, or that they are not susceptible to, any of the Vaccine Preventable Diseases (VPDs) as specified in Form B – Candidate evidence for VPD (Form B) prior to an offer of engagement.

All evidence of compliance of workers must be documented on Form B by an authorised clinician i.e., a registered medical practitioner, authorised registered nurse (minimum NRG5 or higher) or occupational health provider. Candidate, including medical practitioners or NRG5+, may not sign-off their own Form B application. The candidate should avail any additional immunisation evidence (serology, immunisation statements, childhood vaccination records, etc.) to the authorised clinician for verification and documentation on Form B. The SCHHS Infection Management Service (IMS) is unable to accept or consider additional evidence supplied by the candidate. Volunteers should seek advice from relevant Volunteer Co-Ordinator for instructions or completion of form specific for volunteers.

Candidate Instructions

- ☐ Complete tuberculosis (TB) Self-assessment Form B pages 2 to 4 prior to your appointment with the authorised clinician.
- ☐ Take any additional immunisation evidence (serology, immunisation statements, Australian Immunisation Register (AIR) certificates, etc.) you may have to your medical appointment for verification and sign-off on Form B by the medical practitioner. NOTE: Candidates born from 1996 may be able to obtain sufficient evidence to provide to the registered medical practitioner from the Australian Immunisation Register (AIR) contact 1800 653 809 or via <https://my.gov.au> and proceed to Medicare online account.
- ☐ Sign Form B page 4 to acknowledge you have read the Privacy Notice, Consent and Certification and tick the checkbox to certify the information provided in Form B is true and correct.
- ☐ Authorised clinician to complete following the instructions below.
- ☐ Return your completed signed Form B to your appointed recruitment delegate or line manager for on forwarding to Recruitment. Do not email to IMS directly.
- ☐ IMS does not retain documented evidence of immunity. The candidate should retain all evidence of immunity.

Authorised Clinicians Instructions

The authorised clinician (i.e., registered medical practitioner or authorised registered nurse (NRG5 or above) or occupational health provider) is to review all pages Form B. Please complete:

- ☐ TB screening – following review of the candidate's TB self-assessment (Form B, pages 2 to 4), complete TB screening on page 5 (select an appropriate item outcome checkbox to identify assessment outcome).
- ☐ Document VPD evidence for each mandatory VPD requirement as provided for on Form B pages 6 to 8 following review of clinical evidence on file, candidate supplied evidence, serology reports and/ or vaccine administration, (vaccine intervals and/ or serology must be completed in accordance with the Australian Immunisation Handbook).
- ☐ Reference Form B vaccine brands, footnotes, and further information as identified on Form B, as required.
- ☐ Complete authorised clinician endorsement table including signature and date completed.
- ☐ Sign and date beside all additions and amendments for mandated completion of vaccination courses to Form B (including full name, position, provider/ registration number, clinic name & signature).

Candidate Demographics

Candidate surname:		Job Reference No.
First name:		Current QH payroll ID no:
Postal address:		
Date of birth:	Gender:	Phone no.
Email:		



Tuberculosis Candidate Self-Assessment (Parts A – C)

All candidates seeking to be engaged for or on behalf of the SCHHS must be assessed for their risk of Tuberculosis (TB) prior to an offer of engagement.

Part A – Signs of Active TB - Do you currently have any of the following symptoms?

Candidate to select Yes or No to items 1-5 below:

1. Cough for more than 2 weeks (not related to an existing diagnosis or condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Unexplained fever for more than 1 week	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Recent unexplained weight loss	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Coughing up blood	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Excessive sweating during the night for more than 1 week	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered YES to any questions from Part A:

- **Make an urgent appointment with your doctor for assessment of your symptom/s. Further referral to a TB Control Unit may be recommended by your doctor.**
- **You will require a clearance for signs of active TB from the assessing clinician (doctor or TB Control Unit) to be provided to your recruitment coordinator / Line manager before you can be appointed to a position within the SCHHS.**

Part B –TB Exposure Risk History

Candidate to select Yes or No to items 1-5 below. If required, please provide additional information where indicated:

1. Were you born, and/ or have you spent three (3) months or more in total within the past five (5) years visiting or living in country/ ies with a TB burden greater than 40 cases per 100 000 population (see link 1b below)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a If yes, list the country/ ies:	• if yes Q1, (List countries)
1b Check the TB country incidence list (https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx) for each country you have listed in questions 1a and complete the following questions:	• if yes Q1 (Check high risk countries)
2. Have you been in direct contact with a person with active TB disease, without using appropriate infection control precautions, within the past 2 years and you were not assessed for exposure to TB by hospital or public health authorities? (Contact may be work or non-work related).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you previously worked (> 3 months) in any of the following settings: respiratory units; infectious disease units or other medical units caring for infectious TB patients; clinical procedure units conducting bronchoscopy and/or sputum induction; TB laboratories; mortuaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been diagnosed with active TB (i.e., not latent TB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a If yes, in what year did you complete your treatment?	• If yes, Q4 (Year of treatment)
5. Do you have any underlying health issues or take any medications that cause immunosuppression?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered **YES to any of questions 1 – 3 in Part B (above)**, you require a test for latent TB infection:

- an Interferon Gamma Release Assay (IGRA) blood test can be ordered by your doctor – pathology fees may apply (a positive or indeterminate IGRA result requires further consultation at a TB Control Unit or with your doctor. Your doctor may refer you to a TB specialist (record results in part C).

OR

- a Tuberculin Skin Test (TST/ Mantoux test) can be performed by referral to a [TB Control Unit](#) – at no cost, but requires a follow-up appointment 2 or 3 days later (record results in part C).

If testing for latent TB infection is required (and you have answered **NO** to all questions in Part A), you will still be able to commence employment. However, you must undertake further assessment with a doctor and/ or at a TB Control Unit. Once you get your results these should be provided to your line manager.

If you have answered **YES to any of questions 4 – 5 in Part B (above)**, you require further assessment. Contact your TB Control Unit for advice.

NOTE there is no out-of-pocket expense for treatment of TB in public health facilities in Queensland

Contact [Tuberculosis Service](#) Metro South Clinical Tuberculosis Service. Telephone: 07 3176 4141

Part C – Previous TB Risk Assessment Procedures & BCG History

Candidate to select Yes or No to items 1-4 below & sign:

In the time since encountering the risk factors in Part B, have you undergone any assessments or screening as below. If you have previously had a test for latent TB, to avoid unnecessary repetition of testing please take (if available) any supporting documents and additional information as indicated below to your doctor or TB Control Unit.

1. Previous employment or immigration screening for TB	<input type="checkbox"/> No <input type="checkbox"/> Yes – show evidence to authorised clinician
2. Previous pathology result (QuantiFERON test or T-spot test)	<input type="checkbox"/> No <input type="checkbox"/> Yes – show evidence to authorised clinician
3. Previous printed result of a tuberculin skin test result (also called Mantoux test)	<input type="checkbox"/> No <input type="checkbox"/> Yes – show evidence to authorised clinician
4. Have you ever received a bacille Calmette-Guérin (BCG) vaccine? (This leaves a raised scar, usually on your arm near the shoulder)	<input type="checkbox"/> No <input type="checkbox"/> Yes – at what age (approx.)? _____

Candidate Endorsement:

Please read the following notices, tick the certification checkbox and sign as indicated below:

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 management services.

I consent to my prospective employer 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 and infection management planning and response. This may include line managers, infection control units and TB control units.

Certification

I certify that I have read and understand the [Tuberculosis control protocol](#) | [Health service directive protocol](#) | [Queensland Health](#) risk assessment on the Queensland Health Tuberculosis website, in preparation for my employment I agree to comply with the guidelines and all procedures in place at the Queensland Hospital and Health Service facility at which I am employed in respect of Queensland Health vaccination and infection control of health care workers.

☐ I certify I have read and understand the above Privacy Notice, Consent and Certification and further confirm the information documented within Form B is true and correct.

Candidate Surname:	First Name:
Candidate Signature:	Date:

Authorised Clinician Tuberculosis (TB) Screening - to be completed by the registered medical practitioner or authorised registered nurse (NRG5 or above) or occupational health provider, following review of candidate's self-assessment, Form B pages 1-3. You are required to tick a relevant checkbox below:

Part A	★	Candidate answered YES to any/all questions in <u>Part A</u>	Tick appropriate action: Clearance for active TB is required before appointment to position – see Part A <input type="checkbox"/> Clearance letter from healthcare provider for active TB is attached
Part B	★	Candidate answers YES to any/all questions in <u>Part B</u>	
		Candidate answered yes to any question in part B (question 1-3) and no recent assessment since risk factor for latent TB.	Tick appropriate action: <input type="checkbox"/> Interferon Gamma Release Assay (IGRA) test ordered & assessed by healthcare provider; OR <input type="checkbox"/> Referred to TB Control Unit for Tuberculin Skin Test (TST/ Mantoux test) - candidate can call nearest unit to book; OR <input type="checkbox"/> Referred to medical officer experienced in the management of TB at site other than TB control unit. Specify option advised (name, location where relevant):
		Candidate answered yes to any question in part B (question 4-5) and no recent assessment since risk factor for latent TB.	Tick appropriate action: <input type="checkbox"/> Referred to TB Control Unit for further advise (candidate can call number nearest unit to book); OR <input type="checkbox"/> Referred to medical officer experienced in the management of TB at site other than TB Control Unit. Specify option advised (name, location where relevant):
		Assessed by health provider as not having TB (i.e., part C: Mantoux, pathology done after any risk factors listed in part B)	
		Candidate answered NO to ALL the questions in <u>Parts A and B</u>	Tick appropriate action: <input type="checkbox"/> No further assessment required. Proceed to bottom of page signature section.

Vaccine preventable disease evidence - to be completed by an authorised clinician (i.e., registered medical practitioner, registered nurse (NRG5 or above) or occupational health provider).

Measles, Mumps, Rubella (MMR) People can receive MMR vaccine at the same time as other [live attenuated parenteral vaccines](#) or other inactivated vaccines. If a person does not receive MMR vaccine at the same time as other live attenuated parenteral vaccines, they must wait at least **four weeks** between live vaccinations.

Select the most appropriate option below, based on available evidence/ vaccination administration:

<input type="checkbox"/> Candidate's birthdate is before 1966	<input type="checkbox"/> Candidate has evidence of blood test (serology) results showing immunity (positive IgG) for each of measles, mumps, and rubella ¹ Negative, low positive or equivocal results will not be accepted as true positives; 2 vaccinations are required in this instance Date of positive serology: Measles IgG: _____ / _____ / _____ Mumps IgG: _____ / _____ / _____ Rubella IgG: _____ / _____ / _____	<input type="checkbox"/> Candidate has had two documented doses of MMR vaccine at least four weeks apart ² Date dose 1 <u>administered</u> : _____ / _____ / _____ Date dose 2 <u>administered</u> : _____ / _____ / _____	<input type="checkbox"/> Candidate has none of these - commence vaccination for MMR ² in accordance with Australian Immunisation Handbook Candidate must not be overdue for dose 2 prior to commencement Date dose 1 <u>administered</u> : _____ / _____ / _____
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Varicella (Chicken Pox) People can receive varicella vaccine at the same time as other [live attenuated parenteral vaccines](#) or other inactivated vaccines. If a person does not receive varicella vaccine at the same time as other live attenuated parenteral vaccines, wait at least **four weeks** between live vaccinations.

Select the most appropriate option below, based on available evidence/ vaccination administration:

<input type="checkbox"/> Candidate has evidence of blood test (serology) results showing positive immunity (positive IgG) for varicella ¹ Negative, low positive or equivocal results will not be accepted as true positives; 2 vaccinations are required in this instance Date of positive serology: _____ / _____ / _____	<input type="checkbox"/> Candidate is over the age of 50 and has documented Zoster (shingles) vaccine: <ul style="list-style-type: none"> One dose of the Zostavax, or Two doses of Shingrix Date dose 1 <u>administered</u> : _____ / _____ / _____ Date dose 2 <u>administered</u> : _____ / _____ / _____	<input type="checkbox"/> Candidate has two documented doses of Varicella vaccine, at least four weeks apart ³ Date dose 1 <u>administered</u> : _____ / _____ / _____ Date dose 2 <u>administered</u> : _____ / _____ / _____	<input type="checkbox"/> Candidate has none of these - commence vaccination for Varicella ³ in accordance with Australian Immunisation Handbook Candidate must not be overdue for dose 2 prior to commencement Date dose 1 <u>administered</u> : _____ / _____ / _____
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Pertussis (Whooping Cough)

☐ Candidate has had a pertussis (dTpa) containing vaccination within the past 10 years: *(must not be overdue prior to commencement)*

Date of dose administered: _____ / _____ / _____ (n.b. ADT does not contain pertussis)

Hepatitis B - Not required for volunteers or administration (excluding diagnostics/ pathology collection centers/high risk areas only).

Select the most appropriate option below, based on available evidence/ vaccination administration:

<input type="checkbox"/> Candidate has evidence of blood test (serology) results showing immunity to Hepatitis B (hepatitis B surface anti-body titre or anti-HBs of greater than or equal to 10 IU/mL ⁴ Titre level: _____ IU/mL Date of serology ⁴ : ____ / ____ / ____	<input type="checkbox"/> Candidate has documented doses of hepatitis B vaccine ⁵ : <ul style="list-style-type: none"> • Three dose schedule⁵, or • Two doses schedule⁵ if received adult hepatitis B vaccines between ages of 11-15 years) Date dose 1 administered : ____ / ____ / ____ Date dose 2 administered : ____ / ____ / ____ Date dose 3 administered : ____ / ____ / ____	<input type="checkbox"/> Candidate has commenced vaccination of hepatitis B ⁵ <i>Candidate must have completed a minimum of 2 doses prior to commencement and must not be overdue for the 3rd dose prior to commencement.</i> <i>Third dose must be administered within 6 months of commencement.</i> Date dose 1 administered : ____ / ____ / ____ Date dose 2 administered : ____ / ____ / ____	<input type="checkbox"/> Candidate is not susceptible to hepatitis B as has a history of past hepatitis B infection ⁶
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Hepatitis A (for plumbers only)

Select the most appropriate option below, based on available evidence/ vaccination administration:

<input type="checkbox"/> Candidate has blood test (serology) results showing positive Hepatitis A surface antibodies Date of serology: ____ / ____ / ____	<input type="checkbox"/> Candidate has a history of Hepatitis A infection OR <input type="checkbox"/> Candidate has a blood test (serology) result showing positive Hepatitis A surface antigen Date of serology: ____ / ____ / ____	<input type="checkbox"/> Candidate has two documented doses of Hepatitis A vaccine at least six months apart Date dose 1 administered : ____ / ____ / ____ Date dose 2 administered : ____ / ____ / ____	<input type="checkbox"/> Candidate has none of these. Commenced (but not completed) vaccination for hepatitis A Must not be overdue for dose 2 prior to commencement Date dose 1 administered : ____ / ____ / ____
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Endorsement & Compliance Review

Authorised Clinician Endorsement:			
Registered medical practitioner/ registered nurse/occupational health provider name & title:			
Practice/ employer details including provider/ AHPRA registration number:			
Authorised clinician (Medical practitioner e.g. GP, NRG5+, occupational health provider) signature:		Date:	

Volunteer ONLY section (if not completed by above Authorised Clinician)	
<input type="checkbox"/> I certify that the information I have provided is true and correct.	
First Name:	Surname:
Date:	Signature:

Compliance Review (SCHHS)			
Reviewed by SCHHS panel chair/ delegate:			
<input type="checkbox"/> VPD compliant			
<input type="checkbox"/> VPD non-compliant			
<input type="checkbox"/> VPD exemption under application Workforce (Recruitment) contacted and VPD exemption requested for consideration of temporary exemption. Candidate cannot be engaged until reviewed.			
Full Name (print):			
Designation (print):			
Signature:		Date:	

Brand names of vaccines -below list not extensive, refer to [Australian Immunisation Handbook](#)⁷

Measles, Mumps, Rubella

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

Pertussis

Adacel/Adacel Polio
Boostrix/Boostrix IPV

Varicella

Varilrix
Varivax
Priorix-tetra
ProQuad
Shingrix
Zostavax

Hepatitis B

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

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. Pre-offer of employment requires minimum of one dose of measles, mumps, rubella (MMR) vaccine course. The prospective worker will be required to commit to completing the full course. Second dose to be administered within one month of first dose. Vaccines given under 12 months of age are not considered a valid dose
3. [Australian Immunisation Handbook](#) recommends for occupational groups as healthcare workers to receive 2 doses of varicella vaccine if they are not immune. Pre-offer of employment requires minimum of one dose of varicella (chicken pox) vaccine. The prospective worker will be required to commit to completing the full course. Second dose to be administered within one month of first dose.

4. Anti-HBs (hepatitis B surface antibody) greater than or equal 10 International units/mL indicates immunity. If the result is less than 10 International units/mL (<10 IU/mL), this indicates lack of immunity.

5. Primary Hepatitis B vaccine course is recommended:
 - 1st dose: day 0 (day of vaccination)
 - 2nd dose: 1 month after 1st dose
 - 3rd dose: 6 months after 1st dose

With minimal intervals between doses:

- 1st and 2nd dose is 1 month
- 2nd and 3rd dose is 2 months
- 1st and 3rd dose is 4 months

For adolescents between the ages of 11-15, adult hepatitis B vaccine may be given as a two-dose course, with the two doses 6 months apart.

Accelerated schedules are not accepted.

Pre-offer of employment requires a minimum of two doses of Hepatitis B at least one month apart. The prospective worker will be required to commit to completing the full course. Third dose to be administered within Hepatitis B vaccine course recommendations⁵.

[Australian Immunisation Handbook](#) recommends for people at occupational risk, Healthcare workers, to check level of Anti-HBs (hepatitis B surface antibody) after the vaccination course. This is to assess for seroconversion. E.g., Check one month after dose 3.

Further vaccination (up to 6-doses) may be recommended as per [Australian Immunisation Handbook](#) if immunity is not obtained post dose 3. Candidates who are hepatitis B non-responders (after 6 dose vaccination course) can be referred to SCHHS infectious diseases clinic for intradermal vaccination review.

6. 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. Prospective workers (including students and volunteers) who are hepatitis B antigen positive do not have to disclose their hepatitis B infection status but must comply with the [SCHHS Infected Health Care Workers: Management of Blood Borne Viruses procedure](#).
7. Brand names of vaccines not in the [Australian Immunisation Handbook](#) are vaccines that were included in previous immunisation schedules. Internationally administered vaccine may have a different brand name.
8. Pre-offer of employment/ engagement requires evidence of completed COVID-19 vaccine course within recommended schedule.