

Appendix 6

Vaccine preventable disease certification form

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

Evidence of vaccination is the preferred form of evidence. Any cost associated with further medical consultation or further vaccination are the responsibility of the employment candidate. **Copies of vaccination evidence must be attached to this form.** This should be:

- Evidence of vaccination.
- Evidence of serology.
- Letter from a medical practitioner (varicella and hepatitis B ONLY).

All supporting evidence must adequately display the employment candidate's personal identification details. Where this evidence is not in English, translation of the evidence is the responsibility of the applicant.

The candidate **MUST** complete the privacy notice on page three of this document.

Candidate surname:		Practice stamp or facility name and address:
First name:		
Address:		
Phone number:		
Date of birth:		
Email:		
Medicare Number:		
Job Reference No.:		
Health Professional name:	Designation:	
Health Professional signature:	Provider No.: (if applicable)	

The privacy notice must be completed by the employment candidate

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.

Consent to search databases

I do ☐ / do not ☐ consent to the recruitment panel, Hospital and Health Service staff health and/or infection control units searching the following databases for additional immunisation records that will assist the complete assessment of my immunisation needs for occupational health purposes whilst employed. If you choose not to give consent to search databases, this may not affect your offer of employment but further information will be sought to ensure the VPD requirements are met.

- ☐ QH Pathology records (ONLY for previous serology related to immunisation assessment)
- ☐ The Australian Immunisation Register (AIR)
- ☐ QH Staff Protect Application

Candidate please complete:

Name: _____ Date: _____

Signature: _____

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. Providing consent will allow appropriate management of staff health vaccination programs and outbreak management. This information will be stored in a secure database that can only be accessed by authorised Queensland Health staff. 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.

Candidate 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

Disease	Evidence of vaccination (preferred)	Documented serology results	Other acceptable evidence	QH use only
Hepatitis B Assessing Clinician Initial: _____ Date of assessment: ____/____/____	☐ Documented history of 2 or 3 doses for age-appropriate course of hepatitis B vaccine ⁶ Date of dose 1: ____/____/____ Date of dose 2: ____/____/____ Date of dose 3: ____/____/____ Date of dose 4 ⁷ : (accelerated course only) ____/____/____	☐ Anti-HBs greater than or equal to 10 IU/L ⁸ OR Source: ☐ QML ☐ SNP ☐ AUSLAB ☐ Other: _____	☐ Documented evidence that the individual is not susceptible to hepatitis B ⁹ OR ☐ Partial course of Hepatitis B vaccine ¹⁰ Date of dose 1: ____/____/____ Date of dose 2: ____/____/____	Compliant (circle): Yes / No OR Partially compliant Date dose 3 due: ____/____/____

Disease	Evidence of vaccination (preferred)	Documented serology results	Other acceptable evidence	QH use only
Measles, Mumps, and Rubella Assessing Clinician Initial: _____ Date of assessment: ____/____/____	☐ Two documented doses of measles, mumps and rubella (MMR) vaccine at least 4 weeks apart Date of dose 1: ____/____/____ Date of dose 2: ____/____/____	☐ Positive IgG for each of measles, mumps, and rubella. ¹ See footnote ¹ for “low level immunity,” “equivocal,” “low positive,” or other results. Source: ☐ QML ☐ SNP ☐ AUSLAB ☐ Other: _____	☐ Birth date before 1966 OR ☐ Partial course of MMR vaccine² Date of dose 1: ____/____/____	Compliant (circle): Yes / No OR Partially compliant Date dose 2 due: ____/____/____
Pertussis Assessing Clinician Initial: _____ Date of assessment: ____/____/____	☐ Documented history of one adult dose of dTpa within the past 10 years Date of dose: ____/____/____	Not applicable	Not applicable	Compliant (circle): Yes / No

Disease	Evidence of vaccination (preferred)	Documented serology results	Other acceptable evidence	QH use only
Varicella (Chickenpox) Assessing Clinician Initial: _____ Date of assessment: ____/____/____ OR Herpes zoster (Shingles) Assessing Clinician Initial: _____ Date of assessment: ____/____/____	☐ Documented history of age-appropriate course of varicella vaccination ³ Date of dose 1: ____/____/____ Date of dose 2*: ____/____/____ (*Mandatory if course is initiated after age 14). ☐ Documented history of age-appropriate Zoster vaccination Date dose 1: ____/____/____ Date Dose 2 (Shingrix only) ____/____/____	☐ Positive IgG for Varicella ¹ Source: ☐ QML ☐ SNP ☐ AUSLAB ☐ Other: _____	☐ Documented history of physician-diagnosed chickenpox or shingles ⁴ ☐ Partial course of varicella vaccine ⁵ Date of dose 1: ____/____/____	Compliant (circle): Yes / No OR Partially compliant Date dose 2 due: ____/____/____

Footnotes and further information

Brand names of vaccines not in the *Australian Immunisation Handbook*

(<https://immunisationhandbook.health.gov.au/>) may be vaccines that were included in previous immunisation schedules. Internationally administered vaccines may have different brand names.

1. Positive IgG (Immunoglobulin G) indicates evidence of serological immunity, which may result from either natural infection or immunisation. "low level," "equivocal," "low positive," or other similar serology results may not indicate immunity. Please refer to pathology explanatory notes or contact the source laboratory.
2. Pre-offer of employment requires minimum of one dose of measles, mumps and rubella (MMR) containing vaccine. The second dose of MMR containing vaccine is to be administered within 3 months of commencement. The prospective worker will be required to commit to completing the full course of 2 MMR containing vaccines.
3. Two doses of varicella vaccine at least one month apart (evidence of one dose is required with a second dose recommended if the person received their first dose before 14 years of age) OR one dose of zoster

vaccine (for those aged 60 years or over) UNLESS the zoster vaccine is Shingrix. Shingrix requires 2 doses 4–6 months apart with a minimum first dose to be administered prior to commencement.

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 vaccine course and second dose (if required) to be administered within 3 months of commencement. For varicella vaccination between the ages of 18 months and 13 years, a one dose course is acceptable. The prospective worker will be required to commit to completing the full course.
6. Hepatitis B vaccine schedule consists of 3 doses with a at least 4 weeks between first and second dose, two months minimum interval between second and third dose and four months minimum interval between first and third dose. For adolescents between the ages of 11–15, **adult** hepatitis B vaccine may be given as a two-dose course, with the 2 doses 6 months apart.
7. Accelerated courses require 4 doses not 3 - An accelerated course is one of two courses: 1st dose: day 0, 2nd dose 1 month post first dose, 3rd dose 2 months after 1st dose, 4th dose 12 months after 1st dose OR 1st dose: day 0, 2nd dose: 7 days after 1st dose, 3rd dose: 21 days after 1st dose, 4th dose: 12 months after 1st dose.
8. Anti-HBs (hepatitis B surface antibody) greater than or equal 10 IU/L indicates immunity. If the result is less than 10 IU/L (<10 IU/L), this indicates lack of immunity.
9. 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 Communicable Diseases Network Australia (CDNA) guideline [*Australian national guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses.*](#)
10. At least 2 doses of hepatitis B containing vaccine are required to be partially compliant. If partially compliant, continued employment is contingent on completing the schedule within the timeframe specified in the [*Australian Immunisation Handbook.*](#)