STUDENT ID CARD HERE

Health
South Western Sydney
Local Health District

Student Compliance Outcome (SCO) form

STUDENT IDENTITY DETAIL Declaration: Student and/or Education Provider to complete

Student Name: _____ Date of Birth: __ __ / __ __ / __ __ __ __

Current Course: _____

Year of Study: 1st year ☐ Other ☐ (Only Students in their 1st year of study can qualify for Temporary Compliance)

Student ID No:_____ Education Provider:_____

Student ID Card: Yes ☐ No ☐ **Australian Citizen/Permanent Resident: Yes: ☐ No: ☐**

SWSLHD Staff Declaration: (SWSLHD Staff to complete)

I have sighted and collected copies of the documents below, which will be retained by SWSLHD.
Assessment of compliance is conducted using the current Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases policy directive.

SWSLHD Electronic Signature: _____ Date: _____

Review of Compliance Status (SWSLHD Staff to complete)

SWSLHD Initial Outcome

Student is Compliant : ☐ **Student is Temporary Compliant:** ☐ **Student is Non-Compliant:** ☐

Date temp status is granted is date entered in ClinConnect

Reason:

SWSLHD Electronic Signature: _____ Date: _____

SWSLHD 1st review outcome

Student is Compliant : ☐ **Student is Temporary Compliant:** ☐ **Student is Non-Compliant:** ☐

Date temp status is granted is date entered in ClinConnect

Reason:

SWSLHD Electronic Signature: _____ Date: _____

Health
South Western Sydney
Local Health District

Student Compliance Outcome (SCO) form

STUDENT NAME:_____ **STUDENT ID:**_____

SWSLHD 2nd review outcome (SWSLHD Staff to complete)

Student is Compliant : ☐ **Student is Temporary Compliant:** ☐ **Student is Non-Compliant:** ☐

Date temp status is granted is date entered in ClinConnect

Reason:

SWSLHD Electronic Signature: _____ Date: _____

CRIMINAL RECORD CLEARANCE: (SWSLHD Staff to complete) One of the following must be provided - **All Students**		Additional Documents – **International Students only**	
National Police Check (NPC) With no convictions/charges (issued by an Australian State/Territory Police Service or ACIC approved broker agency) Valid 3 years if issued prior to 14/01/19 or 5 years thereafter, from date of issue **NPC Issue Date**:_____ **OR** If there are convictions/charges, the student is advised to complete an **ESRU application** form and HETI will enter the information directly into ClinConnect **OR** **NSW Health Employee** Student to email both student and staff details to heti-clinicalplacements@health.nsw.gov.au using their student email address	Nothing submitted ☐ NPC ☐ Advised to complete ESRU forms ☐ NSW Health Employee	In addition to the Australian National Police Certificate an original of one of the following is required: Police Certificate with no convictions/charges from their own country of residence in English **Issue Date**:_____ **OR** Signed NSW Health Appendix 3 Statutory Declaration with no convictions/charges **Issue Date**:_____ Statutory Declarations are only to be countersigned by a NSW Justice of the Peace or Judicial Officer. A person who intentionally makes a false statement in a statutory declaration is guilty of an offence	N/A ☐ Yes ☐ No ☐

FORMS: (SWSLHD Staff to complete)

Code of Conduct ☐
Student Undertaking / Declaration ☐
Tuberculosis (TB) Assessment Tool ☐
Hepatitis B Declaration (if required) ☐

Attachment 1 – BBV (if required) ☐
Date of BBV Test_____
LHD does not need to sight BBV serology

Health
South Western Sydney
Local Health District

Student Compliance Outcome (SCO) form

STUDENT NAME:_____ **STUDENT ID:**_____

Vaccination Compliance – SWSLHD staff to complete

Disease	Vaccination Evidence	Documented Serology Evidence	Evidence and Certification	Initial	1st Review	2nd Review
Diphtheria, Tetanus, Pertussis *(whooping cough)*	One adult dose within last 10 yrs of diphtheria/ tetanus/ pertussis vaccine **dTpa (not ADT or DT)** Date Administered:	**Not accepted**	Date ☐ Batch number or Brand Name (Adacel / Boostrix) ☐ Signature & clinic stamp ☐ AIR ☐ Other Document ☐	C NC	C NC	C NC
Hepatitis B Childhood Course ☐ Adolescent Course ☐ Adult course ☐ Or Hep B Stat Dec ☐	**Received Doses** Dose 1 ☐ and in their 1st year = Temporary Compliance Dose 2 ☐ Dose 3 ☐ **Boosters** Dose 4 ☐ Dose 5 ☐ Dose 6 ☐	**AND** Anti-HBs ≥10mIU/ml ☐ reported as a numerical value Value: **OR** Documented evidence of Positive anti-HBc &/or HBsAg ☐	Date ☐ Batch number or Brand Name ☐ Signature & clinic stamp ☐ AIR ☐ Other Document ☐	C TC NC	C TC NC	C TC NC
Hepatitis B non-responders informed they are unprotected, to minimise potential exposure and understand the management in the event of an exposure ☐						
Measles, Mumps, Rubella	DOB before 1966 ☐ 2 doses - at least one month apart ☐ Booster Dose ☐	**OR** Positive IgG for measles, mumps and rubella ☐ rubella must be reported as a numerical value Value:	Date ☐ Batch number or Brand Name ☐ Signature & clinic stamp ☐ AIR ☐ Other Document ☐	C NC	C NC	C NC
Varicella	1 dose prior to age 14 ☐ **OR** 2 doses at least one month apart from 14 yrs ☐ Booster Dose ☐ Natural Immunity to Varicella documented on the AIR ☐	**OR** Positive IgG for Varicella ☐	Date ☐ Batch number or Brand Name ☐ Signature & clinic stamp ☐ AIR ☐ Other Document ☐	C NC	C NC	C NC
Tuberculosis (TB)	TB Assessment Documented history of receiving BCG: Yes ☐ No ☐ TB Assessment Tool Review: **All No to all Parts A, B & C ☐ = Compliant** **Any yes in Part A: ☐ = Urgent Clinical Review** **Any yes in Part B: ☐ = Contact Chest Clinic for advice re screening &/or Review** **Any yes in Part C: ☐ = TB Screening required**	TB Screening Anyone born in High Risk Country or Travelled in high risk country >3 months IGRA: Date:_____ Positive ☐ Negative ☐ **OR** Mantoux (TST) _____ date_____ Mantoux (TST) _____ date_____ +ve IGRA/TST ≥10 = TB Clinical Review ☐ If positive for screening & Clinical Review is required & has provided date for appointment with Chest Clinic = Temporary Compliant **☐ TB Screen – Negative = Compliant**	TB Clinical Review **Must be performed by a Chest Clinic** NOT a GP. Anyone who answered Yes in Part A and/or reported positive TB screening result (IGRA &/or Mantoux) Chest X-Ray: Yes ☐ No ☐ Date: _____ Result: _____ ☐ Ongoing review with Chest Clinic = Temporary Compliant Expiry Date:_____ **☐ Clearance from Chest Clinic = Compliant**	C TC NC	C TC NC	C TC NC
Annual Flu Vaccination	Date Administered _____		Batch number or Brand Name ☐ Signature & clinic stamp ☐ AIR ☐ Other Document ☐	C NC	C NC	C NC
COVID19 Vaccination	Dose 1: Date Administered _____ Dose 2: Date Administered _____ Dose 3: Date Administered _____		AIR ☐ COVID19 Digital Certificate ☐	C TC NC	C TC NC	C TC NC
COVID19 Vaccination	Dose 4: Date Administered _____		AIR ☐ COVID19 Digital Certificate ☐	☐		

NPC HERE

INT POLICE CHECK HERE (international students only)

NSW Health Code of Conduct Agreement for Students

Step 1: Read the NSW Health Code of Conduct

The NSW Health Code of Conduct is available here:
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_049.pdf

Step 2: Enter your details

Name: _____

Date of Birth: _____ Gender: _____ Student ID: _____

University, TAFE/Training Organisation: Western Sydney University

Email address: _____@student.westernsydney.edu.au_____

Step 3: Declaration and signature

1. *I have read and understood the NSW Health Code of Conduct, and agree to comply with its provisions at all times whilst attending student placements in NSW Health.*

2. *I undertake that if I am charged or convicted of any criminal offence after the date of my National Police Certificate that I will notify NSW Health before continuing with my clinical placement.*

3. *I declare that the information I have provided to NSW Health for the purpose of undertaking student placements is correct to the best of my knowledge. I understand that if I am found to have deliberately withheld or provided false information, my placements may be withdrawn.*

Signature: _____ Date: _____

NSW Health

Undertaking/Declaration Form

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

1. This form must be completed by all new workers, students and existing staff applying for new positions or undergoing vaccination and screening requirements outlined in the NSW Health *Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive* (the "**policy directive**"). This includes volunteers/facilitators/ contractors (including visiting medical officers and agency staff) who provide services for or on behalf of NSW Health.

2. **Category A workers** as defined in the policy directive must complete:

   - each part of this document; **and**
   - each part of the *Tuberculosis (TB) Assessment Tool*; **and**
   - provide evidence of protection which may include a *NSW Health Vaccination Record Card for Category A Workers and Students*; **and**
   - provide evidence of protection for COVID-19 as specified in Appendix 1 of the policy directive *Evidence of protection*; **and**
   - provide evidence of protection (serological and/or vaccination) for other requirements as specified in Appendix 1 *Evidence of protection*; **and**
   - return these forms to the health facility with their application/enrolment or before attending their first clinical placement. *(Parent/guardian to sign if student is under 18 years of age).*

Category A workers will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Appendix 1 *Evidence of protection* and submitted the *Tuberculosis (TB) Assessment Tool.*

Failure to complete outstanding hepatitis B, TB or COVID-19 vaccination requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/ work/ employment.

3. **Category B workers** as defined in the policy directive must complete:

   - each part of this document; **and**
   - provide evidence of protection for COVID-19 as specified in Appendix 1 of the policy directive *Evidence of protection*; **and**
   - return this form to the health facility with your application/enrolment. (Parent/guardian to sign if student is under 18 years of age).

Category B workers will only be permitted to commence employment/attend placements if they have submitted this form and have evidence of COVID-19 protection as specified in Appendix 1 of the policy directive *Evidence of protection*.

Failure to complete outstanding COVID-19 vaccination requirements within the appropriate timeframe(s) will result in suspension from further placements/duties and may jeopardise their course of study/ work/ employment.

4. The **recruitment agency/education provider** must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment.

5. The **NSW Health agency** must assess these forms along with evidence of protection specified in this policy directive.

Undertaking/Declaration Form

Occupational Assessment, Screening and
Vaccination Against Specified Infectious Diseases

Part	Undertaking/Declaration (tick the applicable option)	✓
1	I have read, understand and agree to abide by the requirements of the NSW Health *Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy*	☐
2	**a.** I consent to assessment and I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements, **(OR)**	☐
	b. **(For existing workers only)** I consent to assessment and I undertake to participate in the assessment, screening and vaccination process; however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.	☐
3	**I have provided evidence of protection for hepatitis B as follows (Category A workers only):**	
	a. history of an age-appropriate vaccination course, and serology result Anti-HBs ≥10mIU/mL **OR**	☐
	b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is <10mIU/mL (non-responder to hepatitis B vaccination) **OR**	☐
	c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ **OR**	☐
	d. I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in *The Australian Immunisation Handbook*, current edition) and provide a post-vaccination serology result within six months of my initial verification process **OR**.	☐
	e. I have provided evidence of a medical contraindication to hepatitis B vaccine (e.g. letter from a doctor); **AND**.	☐
	f. I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Appendix 6 Specified Infectious Diseases: Risks and Consequences of Exposure) and agree to comply with the protective measures required by the health service and as defined by PD2017_013 Infection Prevention and Control Policy.	☐
4	**I have provided COVID-19 vaccination evidence as follows (Category A workers only):**	
	a. Evidence of 3 doses of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals); **OR**	☐
	b. Evidence that I have received at least two doses of a TGA approved or a recognised COVID-19 vaccine and will complete the required 3 dose schedule with a TGA approved COVID-19 vaccine, within the dosing time frame stipulated by the Australian Technical Advisory Group on Immunisation (ATAGI) **and** will provide evidence of completed vaccines within 6 weeks of the dose 3 due date; **OR**	☐
	c. I have provided evidence of a temporary or permanent medical contraindication to all the available TGA approved COVID-19 vaccines, in the form of an Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011). I understand that if the medical contraindication is temporary, I must be reviewed by the date specified on the Medical Contraindication Form; **OR**	☐
5	**I have provided COVID-19 vaccination evidence as follows (Category B workers only):**	
	a. Evidence of 2 doses of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals); **OR**	☐
	b. I have provided evidence of a temporary or permanent medical contraindication to all the available TGA approved COVID-19 vaccines, in the form of an Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011). I understand that if the medical contraindication is temporary, I must be reviewed by the date specified on the Medical Contraindication Form.	☐

Declaration: I, _____ declare that the information provided is correct

Full name _____ Worker cost centre (if available) _____

Parent/guardian name _____ Parent/guardian signature _____

(for workers/students under 18 years)

D.O.B _____ Worker/Student ID (if available): _____

Medicare number _____ Position on card _____ Expiry date _____

Email _____

NSW Health agency / Education provider _____

Signature _____ Date _____

NSW Health

Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Your Personal Information

Family Name

Given Name(s)

Date of Birth

Phone Number

Medicare Number *[if eligible]*

Position on card *[number next to your name]*

Expiry Date

Address

Email

@student.westernsydney.edu.au

Employer/Education Provider

Western Sydney University

Stafflink/Candidate ID

Course/Module of Study OR Place of Work

Signature

Date of completion of tool

Please complete all questions in Parts A, B and C.

Part A: Symptoms requiring investigation to exclude active TB disease

Do you currently have any of the following symptoms that are not related to an existing diagnosis or condition that is being managed with a doctor?	Yes	No
1. Cough for more than 2 weeks?	○	○
2. Episodes of haemoptysis (coughing blood) in the past month?	○	○
3. Unexplained fevers, chills or night sweats in the past month?	○	○
4. Significant* unexpected weight loss over the past 3 months? *loss of more than 5% of body weight	○	○

Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Family Name

Given Name(s)

Stafflink/Candidate ID

Part B: Previous TB treatment or TB screening or increased susceptibility	Yes	No
Have you ever been treated for active TB disease or latent TB infection (LTBI)? If Yes, please state the year and country where you were treated and provide documentation (if available) Year ____ Country ____	○	○
Have you ever had a positive TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)? If Yes, please provide copies of TB test results.	○	○
Have you ever had a chest X-ray that was reported as abnormal?	○	○
Have you ever been referred to or reviewed in a TB service/chest clinic in Australia?	○	○
Do you have any medical conditions that affect your immune system? e.g. cancer, HIV, auto- immune conditions such as rheumatoid arthritis, renal disease	○	○
Are you on any regular medications that suppress your immune system? e.g. TNF alpha inhibitors, high dose prednisone Please provide details here:	○	○

Part C: TB exposure risk history

The following questions explore possible exposure to TB at any time in your life (or since last TB Assessment)

	Yes	No
1. Have you had direct contact with a person with infectious pulmonary TB and did not complete contact screening?	○	○
2. In what country were you born?		
If born overseas, when did you migrate to Australia?		
3. Is your country of birth on the list of high-TB-incidence countries? For the up-to-date list of high TB incidence countries, please go to https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx	○	○
3a. If Yes, as part of your visa medical assessment, did you have a negative TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)? *If yes, please provide a copy of the result	○	○
4. Have you ever visited or lived in any country/ies with a high TB incidence? If Yes, please list below the countries you have visited, the year of travel and duration of stay	○	○

Country visited	Year of travel	Duration of stay (please specify d/w/m)	Country visited	Year of travel	Duration of stay (please specify d/w/m)

Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Family Name

Given Name(s)

Stafflink/Candidate ID

Other relevant information to assist with determining TB risk

E.g. pre-migration TB screening - CXR reported as normal and negative IGRA on

Date

All workers and students need to submit this form to their NSW health agency or education provider.

Education providers must forward this form to the NSW Health agency for assessment.

The **NSW Health agency** will assess this form and determine whether TB screening or TB clinical review is required.

NSW TB Services contact details:
https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/accessing-your-local-TB-service.aspx

Privacy Notice: Personal information about students and employees collected by NSW Health is handled in accordance with the Health Records and Information Privacy Act 2002. NSW Health is collecting your personal information to meet its obligations to protect the public and to provide a safe workplace as per the current Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases Policy Directive. All personal information will be securely stored, and reasonable steps will be taken to keep it accurate, complete and up to date. Personal information recorded on this form will not be disclosed to NSW Health officers or third parties unless the disclosure is authorised or required by or under law. If you choose not to provide your personal information, you will not meet the condition of placement. For further information about how NSW Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.nsw.gov.au

For Official Use of NSW Health Agency or NSW TB Service

Please refer to Appendix 3 - TB Assessment Decision Support Tool for guidance on documenting outcomes from this TB Assessment:

- ◯ TB Compliant
- ◯ Advice sought from local TB service/chest clinic
- ◯ TB Screening required – referred to GP or local TB service/chest clinic
- ◯ TB Clinical Review required – referred to local TB service/chest clinic
- ◯ Other

Name of assessor

Contact Number

LHD/Service

Date of assessment

Vaccination Record Card for Category A Workers and Students

NSW GOVERNMENT

Personal Details (please print)

Please refer to instructions on page 3

Surname		Given Names	
Address			
	State: P/code:	Date of Birth	
Staff/student ID			
Email			
Contact Numbers	Mobile:	Work:	
Medicare Number	__ __ __ __ __ __ __ __ __ __ __ __ __	Position on card: __	Expiry date: __ __ /__ __ __ __

Vaccine	Date	Batch No. (where possible) or Brand name	Official Certification by Vaccination Provider *(clinic/ practice stamp, full name and signature next to each entry)*
Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine *(adult dose of dTpa vaccine)*			
Dose 1			
Booster *10 years after previous dose*			
Booster *10 years after previous dose*			
COVID-19 vaccine *(TGA approved/recognised vaccine)*			
Primary course (2 doses)		AIR statement or COVID-19 digital certificate attached ☐ YES ☐ NO	**NOT REQUIRED**
Dose 3 or Booster dose		AIR statement or COVID-19 digital certificate attached ☐ YES ☐ NO	**NOT REQUIRED**
OR Evidence of a temporary or permanent medical contraindication		AIR immunisation medical exemption form (IM011) attached ☐ YES ☐ NO	**NOT REQUIRED**
Hepatitis B vaccine *(age appropriate course of vaccinations **AND** hepatitis B surface antibody ≥ 10mLU/mL **OR** core antibody positive*			
Dose 1			
Dose 2 ☐ **Tick for adolescent course**			
Dose 3			
AND			
Serology: anti-HBs (Numerical value)		*Result mIU/mL*	
		Result mIU/mL	
OR Serology: anti-HBc		*Positive Negative*	
Measles, Mumps and Rubella (MMR) vaccine *(2 doses MMR vaccine at least 1 month apart **OR** positive serology for measles, mumps and rubella **OR** birth date before 1966)*			
Dose 1			
Dose 2			
Booster if required			
OR			
Serology Measles		*IgG Result*	
Serology Mumps		*IgG Result*	
Serology Rubella (include numerical value and immunity status as per lab report: Positive / Negative /Low level / Equivocal / Booster required)			
		IgG Result	

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Personal Details (please print)

Surname		Given name:	
Date of Birth		Staff/student ID	
Contact	Mobile:	Work:	

Vaccine	Date	Batch No. (where possible) or Brand name	Official Certification by Vaccination Provider *(clinic/ practice stamp, full name and signature next to each entry)*
Varicella vaccine *(age appropriate course of vaccination **OR** positive serology **OR** AIR history statement that records natural immunity to chickenpox*			
Dose 1 ☐ Tick if given prior to 14 years			
Dose 2			
Booster if required			
OR			
Serology Varicella		*IgG Result*	
OR			
Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox		AIR Statement Sighted ☐ YES ☐ NO	

Vaccine	Date	Batch No. (where possible) or Brand name	Official Certification by Vaccination Provider *(clinic/practice stamp, full name and signature)*
Influenza vaccine *(strongly recommended for all workers & mandatory for Category A workers and students)*			

TB Screening	Date	Batch No. or Result	Assessed by/Given by/Read by *(clinic/practice stamp, full name and signature)*
Requires TB screening?		☐ YES ☐ NO	
Past vaccination BCG		☐ YES ☐ NO	
Interferon Gamma Release Assay (IGRA) (circle test result)			
IGRA		Positive Indeterminate Negative	
IGRA		Positive Indeterminate Negative	
Tuberculin Skin Test (TST) – TB Service/Chest Clinic only			
TST Administration			
TST Reading		Induration mm	
TST Administration			
TST Reading		Induration mm	
Referral to TB Service/ Chest Clinic for TB Clinical Review required?		☐ YES ☐ NO	
TB Clinical Review			
Chest X-ray			
Other			
TB Compliance – TB Service/Chest Clinic or OASV Assessor (circle correct response)			
TB Compliance Assessment		Compliant Temporary Compliance Non-compliant	
TB Compliance Assessment		Compliant Temporary Compliance Non-compliant	

Vaccination Record Card for Category A Workers and Students

INSTRUCTIONS

Enough information must be provided to enable an assessor to verify that an appropriate vaccine has been administered by a registered vaccination provider therefore:

- Providers should record their full name, signature, date specific vaccine given and official provider stamp at the time of vaccine administration.
- Batch numbers should be recorded where possible.
- Serological results should be recorded on the card as numerical values or positive/negative, as appropriate, not simply "immune".
- Copies of vaccination records (e.g. childhood vaccinations) and copies of relevant pathology reports may be attached to the card, if available.
- Attach another card if additional recording space is required.

Evidence required for Category A Staff

Disease	Evidence of vaccination	Documented serology results	Notes
COVID-19	☐ AIR Immunisation history statement or AIR COVID-19 digital certificate **OR** Evidence of a temporary or permanent medical contraindication – Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011).	Not applicable	
Diphtheria, tetanus, pertussis (whooping cough)	☐ One adult dose of pertussis containing vaccine (dTpa)[1] within the last 10 years. **Do not use ADT vaccine as it does not contain the pertussis component**	Serology must not be accepted	
Hepatitis B	☐ History of completed age-appropriate course of hepatitis B vaccine Adolescent course: two doses of adult vaccine, given 4 to 6 months apart, between 11-15 years of age **Not "accelerated" course** **AND**	☐ Anti-HBs greater than or equal to 10mIU/mL **Serology must be at least 4 weeks after the final booster, of a completed hepatitis B course** **OR**	☐ Documented evidence of anti-HBc, indicating past hepatitis B infection, and/or HBsAg+
Measles, mumps, rubella (MMR)	☐ 2 doses of MMR vaccine at least one month apart **OR**	☐ Positive IgG for measles, mumps and rubella[2] **OR**	☐ Birth date before 1966
Varicella (chickenpox)	☐ 2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age) **OR**	☐ Positive IgG for varicella[3] **OR**	☐ An Australian Immunisation Register (AIR) history statement that records natural immunity to chickenpox can also be accepted as evidence of compliance for varicella[3]
Tuberculosis (TB) **** For those assessed as requiring screening***	**Not applicable**	☐ Interferon Gamma ReleaseAssay (IGRA) + Clinical review for positive results by TB Service/Chest Clinic	☐ Tuberculin skin test (TST) + Clinical review for positive results by TB Service/Chest Clinic **OR**
Influenza vaccine	☐ One dose of current southern hemisphere seasonal influenza vaccine by 1 June each year	Not applicable	

***TB screening (TST or IGRA) required if the person was born in a country with high incidence of TB, or has resided or travelled for a cumulative time of 3 months or longer in a country with a high incidence of TB,** as listed at:
www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx

[1] Serology must not be performed to detect pertussis immunity.
[2] Serology is only required for MMR protection if vaccination records are not available and the person was born during or after 1966.
[3] A verbal history of Varicella disease must not be accepted.

AIR / COVID Certificate HERE

Serology / Blood tests HERE