

# Vaccination Record Card for Health Care Workers and Students



Personal Details (please print)

Please refer to instructions on page three

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)
<b>Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine</b> (adult dose of dTpa vaccine)			
Dose 1			
Booster 10 years after previous dose			
Booster 10 years after previous dose			
<b>Hepatitis B vaccine</b> (age appropriate course of vaccinations <b>AND</b> hepatitis B surface antibody $\geq 10\text{mIU/mL}$ <b>OR</b> core antibody positive)			
Dose 1			
Dose 2	<input type="checkbox"/> Tick for adolescent course		
Dose 3			
<b>AND</b>			
Serology: anti-HBs (Numerical value)		Result mIU/mL	
		Result mIU/mL	
<b>OR</b> Serology: anti-HBc		Positive Negative	
<b>Measles, Mumps and Rubella (MMR) vaccine</b> (2 doses MMR vaccine at least 1 month apart <b>OR</b> positive serology for measles, mumps and rubella <b>OR</b> birth date before 1966)			
Dose 1			
Dose 2			
Booster if required			
<b>OR</b>			
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	
<b>Varicella vaccine</b> (age appropriate course of vaccination <b>OR</b> positive serology <b>OR</b> AIR history statement that records natural immunity to chickenpox)			
Dose 1	<input type="checkbox"/> Tick if given prior to 14 years		
Dose 2			
Booster if required			
<b>OR</b>			
Serology Varicella		IgG Result	
<b>OR</b>			
Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox		AIR Statement Sighted YES NO	

# Vaccination Record Card for Health Care Workers and Students



## Personal Details (please print)

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

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


TB Screening	Date	Batch No. or Result	Assessed by/Given by/Read by <i>(clinic/practice stamp, full name and signature)</i>
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<b>Requires TB screening?</b>		<b>No</b> <b>Yes</b>	
<b>History of BCG</b>		<b>No</b> <b>Yes</b>	

### Interferon Gamma Release Assay (IGRA) - GP or TB Service/Chest Clinic (circle correct response)

IGRA		Positive Indeterminate Negative	
IGRA		Positive Indeterminate Negative	

### Tuberculin Skin Test (TST) - TB Service/Chest Clinic

TST Administration			
TST Reading		Induration      mm	
TST Administration			
TST Reading		Induration      mm	
<b>Referral to TB Service/ Chest Clinic for TB Clinical Review required?</b>		<b>No</b> <b>Yes</b>	

### 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	

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## 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
<b>Diphtheria, tetanus, pertussis (whooping cough)</b>	<input type="checkbox"/> One <u>adult</u> dose of pertussis-containing vaccine (dTpa) <sup>1</sup> in the previous 10 years  <b>Do not use ADT vaccine as it does not contain the pertussis component</b>	Serology must not be accepted	
<b>Hepatitis B</b>	<input type="checkbox"/> 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  <b>Not “accelerated” course</b>	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL  <b>Serology must be at least 4 weeks after the final booster, of a completed hepatitis B course</b>	<input type="checkbox"/> Documented evidence of anti-HBc, indicating past hepatitis B infection
<b>Measles, mumps, rubella (MMR)</b>	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart	<input type="checkbox"/> Positive IgG for measles, mumps and rubella <sup>2</sup>	<input type="checkbox"/> Birth date before 1966
<b>Varicella (chickenpox)</b>	<input type="checkbox"/> 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)	<input type="checkbox"/> Positive IgG for varicella <sup>3</sup>	<input type="checkbox"/> An Australian Immunisation Register (AIR) history statement that records natural immunity to chickenpox can also be accepted as evidence of compliance for varicella <sup>3</sup>
<b>Tuberculosis (TB)</b>  * For those assessed as requiring screening	Not applicable	<input type="checkbox"/> Interferon Gamma Release Assay (IGRA)  + Clinical review for positive results by TB Service/Chest Clinic	<input type="checkbox"/> Tuberculin skin test (TST)  + Clinical review for positive results by TB Service/Chest Clinic
<i>Influenza vaccine</i>	<i>Strongly recommended for all health care workers &amp; <b>mandatory</b> for Category A High Risk health care workers</i>		

\*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](http://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx)

<sup>1</sup> Serology must not be performed to detect pertussis immunity.

<sup>2</sup> Serology is only required for MMR protection if vaccination records are not available and the person was born during or after 1966.

<sup>3</sup> A verbal history of Varicella disease must not be accepted.