

Vaccination Record Card for Health Care Workers and Students



Personal Details (please print)

Please refer to instructions on page three

Surname	FLINTSTONE	Given names	PEBBLES
Address	11 STONE STREET BEDROCK		
	State: NSW P/code: 1234	Date of Birth	20.01.1993
Staff/student ID	UB2002000		
Email	pflintstone@health.com		
Contact numbers	Mobile: 0400 001 001	Work:	N/A
Medicare Number	1234987612	Position on card:	1 Expiry date: 06/2030

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	3/3/04	Ac 39 B 039	DR R [Stamp: NSW Health, Western Sydney Local Health District, Employment Health Assessment, C. Hockley RN NMW001212099]
Booster 10 years after previous dose	3/3/14	Ac 39 B 039	DR DR [Stamp: NSW Health, Western Sydney Local Health District, Employment Health Assessment, C. Hockley RN NMW001212099]
Booster 10 years after previous dose			
Hepatitis B vaccine (age appropriate course of vaccinations AND hepatitis B surface antibody ≥ 10mIU/mL OR core antibody positive)			
Dose 1	3/6/05	AHBVC198AE	DR DR CLIN [Stamp: NSW Health, Western Sydney Local Health District, Employment Health Assessment, C. Hockley RN NMW001212099]
Dose 2 <input checked="" type="checkbox"/> Tick for adolescent course	3/12/05	AHBVC198AE	DR DR [Stamp: NSW Health, Western Sydney Local Health District, Employment Health Assessment, C. Hockley RN NMW001212099]
Dose 3			
AND			
Serology: anti-HBs (Numerical value)	3/10/14	Result 595 mIU/mL	DR DR [Stamp: NSW Health, Western Sydney Local Health District, Employment Health Assessment, C. Hockley RN NMW001212099]
		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 P21021X	3/6/15	306449	DR DR [Stamp: NSW Health, Western Sydney Local Health District, Employment Health Assessment, C. Hockley RN NMW001212099]
Dose 2 P21021X	3/7/15	306550	DR DR [Stamp: NSW Health, Western Sydney Local Health District, Employment Health Assessment, C. Hockley RN NMW001212099]
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	
Varicella vaccine (age appropriate course of vaccination OR positive serology OR AIR statement that records natural immunity to chickenpox)			
Dose 1 <input type="checkbox"/> Tick if given prior to 14 years	3/6/15	A70CC380A	DR DR [Stamp: NSW Health, Western Sydney Local Health District, Employment Health Assessment, C. Hockley RN NMW001212099]
Dose 2 VARILRIX	3/7/15	A70CC380A	DR DR [Stamp: NSW Health, Western Sydney Local Health District, Employment Health Assessment, C. Hockley RN NMW001212099]
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	

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Surname	FLINTSTONE	Given	PEBBLES
Date of Birth	20.01.1993	Staff/student ID	UB 2002000
Contact	Mobile: 0400 001 001	Work:	N/A

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

FLUQUADRI	3/10/15	UJ 366 AA	OR OR
FLUQUADRI	3/5/16	UJ 367 AA	OR OR

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

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

IGRA	1/8/16	Positive Indeterminate <u>Negative</u>	OR OR
IGRA		Positive Indeterminate Negative	

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

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

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
Diphtheria, tetanus, pertussis (whooping cough)	<input type="checkbox"/> One <u>adult</u> dose of pertussis-containing vaccine (dTpa) ¹ in the previous 10 years Do not use ADT vaccine as it does not contain the pertussis component	Serology must not be accepted	
Hepatitis 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 Not "accelerated" course	<input type="checkbox"/> 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	<input type="checkbox"/> Documented evidence of anti-HBc, indicating past hepatitis B infection
Measles, mumps, rubella (MMR)	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart	<input type="checkbox"/> Positive IgG for measles, mumps and rubella ²	<input type="checkbox"/> Birth date before 1966
Varicella (chickenpox)	<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 ³	<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 ³
Tuberculosis (TB) * 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
Influenza vaccine	<i>Strongly recommended for all health care workers & mandatory 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

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.