

INFORMATION SHEET 2. – Checklist: Evidence required from Category A applicants

Evidence required to demonstrate protection against the specified infectious diseases

- Acceptable evidence of protection against specified infectious diseases includes:
 - a written record of vaccination signed by the medical practitioner, and/or
 - serological confirmation of protection, and/or
 - other evidence, as specified in the table below.
 - NB:** the health facility may require further evidence of protection, eg serology, if the vaccination record does not contain vaccine brand and batch or official certification from vaccination provider (eg clinic/practice stamp)
- TST screening is required if the person was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at:**
<http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T>.
- In certain specialised clinical settings, for example, in transplant, oncology or neonatal wards, the health facility may require serological evidence of protection (in addition to evidence of vaccination or other evidence) to ensure that the risk to vulnerable patients is minimised.

Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence
<i>Diphtheria, tetanus, pertussis (whooping cough)</i>	<input type="checkbox"/> One <u>adult</u> dose of diphtheria/ tetanus/ pertussis vaccine (dTpa). Not ADT.	Serology will not be accepted	Not applicable
<i>Hepatitis B</i>	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine. Not "accelerated" course.	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL	<input type="checkbox"/> Documented evidence of anti-HBc, indicating past hepatitis B infection
<i>Measles, mumps, rubella (MMR)</i>	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart	<input type="checkbox"/> Positive IgG for measles, mumps and rubella	<input type="checkbox"/> Birth date before 1966
<i>Varicella (chickenpox)</i>	<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	<input type="checkbox"/> History of chickenpox or physician-diagnosed shingles (serotest if uncertain)
<i>Tuberculosis (TB)</i>	Not applicable	Not applicable	<input type="checkbox"/> Tuberculin skin test (TST)
<i>See note 2 above for list of persons requiring TST screening</i>		Note: interferon-gamma release immunoassay (IGRA) is not generally accepted. In the event that an IGRA has been performed, screening by TST will be required if the IGRA result is negative or equivocal. Persons with positive TST/IGRA must be fully assessed by a TB service within 3 months of commencement of clinical duties or clinical placement and must be asymptomatic when commencing clinical duties or clinical placement.	
<i>Influenza</i>	Annual influenza vaccination is not a requirement, but is strongly recommended		

FORM 2. – Tuberculosis (TB) assessment tool

- A New Recruit/Student will require TST screening if he/she was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: <http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T>.
- The **Health Service** will assess this form and decide whether clinical review/testing for TB is required. Indicate if you would prefer to provide this information in private consultation with a clinician.
- **New recruits** will not be permitted to commence duties if they have not submitted this *Form* and *Form 1: New Recruit Undertaking/Declaration* to the employing health facility. Failure to complete outstanding TB requirements within the appropriate timeframe(s) may affect the new recruit's employment status
- **Students** will not be permitted to attend clinical placements if they have not submitted this *Form* and the *Form 3: Student Undertaking/Declaration* to their educational institution's clinical placement coordinator as soon as possible after enrolment. Failure to complete outstanding TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements. **The educational institution** will forward the original or a copy of these forms to the health service for assessment.

Clinical History

Cough for longer than 2 weeks Yes No

Please provide information below if you have any of the following symptoms:

Haemoptysis (coughing blood) Yes No

Fevers / Chills / Temperatures Yes No

Night Sweats Yes No

Fatigue / Weakness Yes No

Anorexia (loss of appetite) Yes No

Unexplained Weight Loss Yes No

Assessment of risk of TB infection

Were you born outside Australia? Yes No

If yes, where were you born?
.....

Have you lived or travelled overseas? Yes No

Country	Amount of time lived/ travelled in country
.....
.....
.....

Have you ever had:

Contact with a person known to have TB?
If yes, provide details below Yes No

Have you ever had:

TB Screening Yes No
If yes, provide details below and attach documentation

If you answered **YES** to any of the questions above, please provide details (attach extra pages if required).

I declare that the information I have provided is correct

Name _____

Phone or Email _____

Student ID (or date of birth) _____

Educational institution (student) _____

Health Service/Facility (new recruit) _____

Signature _____ Date _____

FORM 3. – Student Undertaking/Declaration

All students must complete each part of this *Form 3: Student Undertaking/Declaration Form* and the *Form 2: Tuberculosis (TB) Screening Assessment Tool* and return these forms to their educational institution's clinical placement coordinator as soon as possible after enrolment. (Parent/guardian to sign if student is under 18 years of age.)

Students will not be permitted to attend clinical placements if they have not submitted *Form 3: Student Undertaking/Declaration Form* and *Form 2: Tuberculosis Assessment Tool*.

Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements and may jeopardise the student's course of study.

The educational institution will:

- ensure that all students whom they refer to a health service for clinical placement have submitted these forms, and
- forward the original or a copy of these forms to the health service for assessment.

The health service will:

- assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

Part 1 I have read and understand the requirements of the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive.

Part 2 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

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.

Part 3 I have evidence of protection for: pertussis diphtheria tetanus
 varicella measles mumps rubella

Part 4 I have evidence of protection for hepatitis B.

OR

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 commencement of enrolment.

Part 5 I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer *Information Sheet 3: Specified Infectious Diseases: Risks, consequences of exposure and protective measures*) and agree to comply with the protective measures required by the health service.

I declare that the information I have provided is correct

Name _____

Phone or Email _____

Date of Birth or Student ID _____

Educational institution _____

Signature _____ Date _____