

Alfred Sandringham Caulfield

Unit:.....

MEDICAL OBSERVER IMMUNISATION QUESTIONNAIRE

UR: NA

Family Name

Given Names

Date of Birth Gender: Male Female

Completion of this form is mandatory. ~~Attach all your pathology/immunisation results.~~

The Alfred Health employment guidelines AND The Australian Commission on Safety and Quality in Health Care's National Safety and Quality Health Service Standard 3 (Standard 3.6.1) requires all category A & B healthcare workers to provide acceptable evidence of either pathology and/or immunisation results for certain vaccine preventable diseases prior to commencing employment.

~~Evidence of immunity must be provided for every disease listed under your applicable immunisation category (i.e. category A or B or C). The attached evidence can be either copies of your immunisation records OR copies of your positive pathology test results.~~

The Alfred Health guideline Immunisation Requirements for Health Care Workers – A Quick Reference Guide is available on the Alfred Health Intranet/Internet. Queries should be directed to the Alfred Health Staff Immunisation & Exposure Management Unit on 03) 9076 3323.

Please return this form to Alfred Health **Medical Services** prior to commencing your observership

There is no need to provide copies of results, other than chest xray if from a TB-endemic country.

| | | | |
|--------------|--|-------------------|--|
| Family Name | | Date of Birth | |
| Given Name/s | | Country of birth | |
| Address | | | |
| Mobile Phone | | Email | |
| Work place | <input type="checkbox"/> The Alfred <input type="checkbox"/> Caulfield Hospital <input type="checkbox"/> Sandringham Hospital <input type="checkbox"/> Sale <input type="checkbox"/> Other | | |
| | Category <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | Department / Ward | |
| Job Title | | Comm'ent Date | |
| | | | |

Risk Categorization

Healthcare workers are categorised into groups according to likelihood of their exposure to potentially infectious agents as follows:

Category A: Direct Contact with Blood and Body Substances (requires vaccination as per Boxes 1-9 over page)
Includes all staff who have direct physical contact with, or potential exposure to, blood or body substances.

Category B: Indirect Contact with Blood and Body Substances (requires vaccination as per Boxes 1-9 over page)
Includes staff in patient areas who rarely have contact with blood and body substances. These employees may be exposed to infections spread by droplets, such as measles and rubella, but are unlikely to be at risk from blood borne diseases. *Applies to most medical observers*

Category C: Minimal Patient Contact (no requirements for vaccination other than as per box 6 over page)
Includes staff groups with no patient/client contact and therefore have and/or pose no greater exposure to infectious diseases than the general public. *Applies if you will not be going into any clinical areas during your observership*

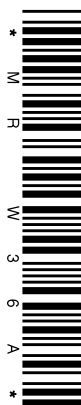
~~Declaration: Alfred Health will keep information you provide on this questionnaire confidential in accordance with relevant privacy laws. An Alfred Health electronic medical record (eMR) and Staff Immunisation Clinic database profile will be generated for all immunisation related documentation. To opt out of an Alfred Health eMR, phone Staff Immunisation Clinic 9076 3323.~~

As part of my agreement to meet the immunisation requirements in line with my healthcare worker category (refer to Information Sheet)

I confirm that I have been immunised as indicated below. I agree not to see patients with vaccine preventable infections if I have not been immunised.

...Print Name Signature Date:

▶ PTO



Family Name: _____ Given Name/s: _____ DOB:.....

Pre-Employment IMMUNISATION QUESTIONNAIRE: Mandatory Pre Employment Documentation Requirements

| Disease | Evidence of vaccination | Documented serology results | Other acceptable evidence |
|---|---|--|--|
| 1. Diphtheria, tetanus, pertussis (whooping cough) if working with children or neonates | <input type="checkbox"/> One documented adult dose of diphtheria / tetanus / pertussis vaccine (dTpa). Not ADT <input type="checkbox"/> Booster dose of dTpa if > 10 years has elapsed since last adult dose | Serology will not be accepted <i>Not required</i> | Not applicable |
| 2. Hepatitis B | <input type="checkbox"/> Documented evidence of completed age appropriate course of hepatitis B vaccine. | <input type="checkbox"/> Documented Hepatitis B surface antibodies (HBsAb) greater than or equal to 10mIU/mL <div style="text-align: center;"> <input type="checkbox"/> AND <i>no need to provide copies of pathology results</i> </div> | <input type="checkbox"/> Documented evidence of Hep B core antibodies or Hep B surface antigen indicating past hepatitis B infection <div style="text-align: center;"> <input type="checkbox"/> OR </div> |
| 3. Measles, Mumps, Rubella (MMR) | <input type="checkbox"/> 2 documented doses of MMR vaccine at least one month apart | <input type="checkbox"/> Documented Positive serology (IgG) for measles, mumps and rubella <div style="text-align: center;"> <input type="checkbox"/> OR <i>no need to provide copies of pathology results</i> </div> | <input type="checkbox"/> Birth date before 1966 (considered age immune) <div style="text-align: center;"> <input type="checkbox"/> OR </div> |
| 4. Varicella (chickenpox) | <input type="checkbox"/> 2 documented 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"/> Documented Positive serology (IgG) for varicella <div style="text-align: center;"> <input type="checkbox"/> OR <i>no need to provide copies of pathology results</i> </div> | <input type="checkbox"/> Documented medical history of chickenpox or shingles <div style="text-align: center;"> <input type="checkbox"/> OR </div> |
| 5. Tuberculosis (TB) <i>Observers from TB endemic countries only</i> | <input checked="" type="checkbox"/> BCG Scar: YES <input checked="" type="checkbox"/> BCG Scar: NO Note: not mandatory or required <input type="checkbox"/> Recent Chest Xray if from TB endemic country. Please attach report | <input type="checkbox"/> Documented QuantiFERON Gold blood test within the last 12 months or <div style="text-align: center;"> <input type="checkbox"/> OR </div> | <input checked="" type="checkbox"/> Documented Tuberculin Skin Test (TST) within the last 12 months <input checked="" type="checkbox"/> Documented Positive Quantiferon result <div style="text-align: center;"> <input type="checkbox"/> OR </div> |
| 6. Influenza | <input type="checkbox"/> Documented Influenza vaccination: Year of last vaccination: | | |
| 7. Meningococcal (Microbiology Laboratory staff only) | <input type="checkbox"/> One documented dose of Meningococcal C conjugate vaccine plus 4vMenPV MenACWY polysaccharide within last five years <input type="checkbox"/> One documented dose of Meningococcal Group MenCCV conjugate vaccine if <55 years <input type="checkbox"/> Two documented dose course Meningococcal B vaccine 4CMenB (note a recommended vaccine only) <div style="text-align: center;"> <input type="checkbox"/> OR </div> <div style="text-align: center;"> <input type="checkbox"/> AND </div> <div style="text-align: center;"> <input type="checkbox"/> OR </div> | | |
| 8. Polio (Not mandatory or required) | <input type="checkbox"/> 3 dose primary course of Polio containing vaccines <input type="checkbox"/> Category A staff and laboratory workers, 10 yearly Polio (IPV) boosters are currently desirable | | |
| 9. Hepatitis A (Plumbers and Hyperbaric technicians only) | <input type="checkbox"/> A documented primary course of 2 doses of Hepatitis A containing vaccine 6-12 months apart (or 3 doses if Twinrix or Vivaxim given) <input type="checkbox"/> Documented Positive IgG serology to Hepatitis A <div style="text-align: center;"> <input type="checkbox"/> OR </div> | | |