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| | Alfred | Sandringham | ☐ Caulfield |
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STAFF PRE EMPLOYMENT IMMUNISATION QUESTIONNAIRE

*mandatory fields

| Last name* | | | First name/s* | |
|-----------------|-----------------------|-------------------|----------------------|-------------------------|
| Date of birth* | | Sex at birth | ☐ Female ☐ N | ∕lale □ Another term |
| Gender identity | ☐ Female ☐ Male ☐ Non | binary □ Not stat | ed □ Prefer not to a | answer □ Different term |

Completion of this questionnaire is mandatory. Attach all relevant 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 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.

Failure to complete this questionnaire and undertake outstanding immunisation / serology requirements may delay commencement of your employment and may place patients and others at risk of exposure to vaccine-preventable diseases.

| Preferred name | Country of birth | | | |
|------------------|------------------|------|--------|--|
| Home address | | | | |
| Telephone | Email | | | |
| Medicare number# | Reference | | Expiry | |
| Job title | Commencement of | date | | |

Risk category: Healthcare workers are categorised into groups according to likelihood of their exposure to potentially infectious agents.

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. (see table over page for evidence required for each category of staff).

| Health Care Worker Risk Category | Includes the following staff | Examples of staff groups | Your HCW category? (tick) |
|--|---|---|---------------------------|
| Α | All staff with direct contact with blood or body substances; and airborne particles of respiratory viruses including COVID-19 virus | Nurses, Medical staff, Medical observers | |
| В | All 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. | Ward Clerks, Clerical staff | |
| С | All staff groups with no patient/client contact and therefore have and/or pose no greater exposure to infectious diseases than the general public. | Gardeners | |

The Alfred Health guideline Immunisation Requirements for Health Care Workers – available on the Alfred Health Intranet / Internet.

Declaration: Alfred Health, as the operator of a public hospital, has a legal obligation to maintain a safe workplace. You have similar legal obligations as an employee of a public hospital.

To help meet this obligation, Alfred Health Staff Immunisation Exposure Management (SIEM) seeks access to retrieve and record your current vaccination status via the Australian Immunisation Register (AIR) before you commence employment and throughout your employment. SIEM will keep this information secure.

Tick to confirm your consent

I consent to Alfred Health Staff Immunisation Exposure Management accessing the AIR to retrieve my current vaccination status and recording this information internally.

If you decline to consent to Staff Immunisation Exposure Management accessing the AIR, you will need to supply evidence of all required immunisation records and pathology results:

a) before commencing employment; and

b) throughout your employment.

You may not be permitted to work until you have provided acceptable documentary evidence. Contact our Staff Immunisation and Exposure Management Unit on 9076 3323 to confirm your decision to decline consent and to discuss the process of supplying appropriate evidence.

I acknowledge that the SIEM team will store the information I provide securely, in accordance with applicable privacy laws (*Health Records Act 2001*). This includes all staff having an Alfred Health electronic medical record and an employment self-service database, meeting the immunisation requirements in line with my healthcare worker category.

| Print name | Signature | Date |
|------------|-----------|------|
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STAFF PRE EMPLOYMENT IMMUNISATION QUESTIONNAIRE

| Last name* | First name* | |
|------------|-------------|--|

Pre-Employment Immunisation Questionnaire: Mandatory Pre Employment Immunisation Documentation Requirements

| Category / Special considerations | Disease | Dose | Vaccination | Date of vaccination |
|--|--|---|---|---|
| A, B, C | COVID-19 | Latest booster of COVID-19 vaccine | Brand | Date |
| Category / Special considerations | Disease | Evidence of vaccination | Documented serology results | Other acceptable evidence |
| A, B | Hepatitis | Completed course (3 doses) of Hepatitis B vaccine. | Documented Hepatitis B surface antibodies (HBsAb) greater than or equal to 10mlU/mL | Documented evidence of Hep B core antibodies or Hep B surface antigen indicating past hepatitis B infection |
| A, B | Measles, Mumps, Rubella (MMR) | Two documented doses of MMR vaccine at least one month apart | Documented Positive serology (IgG) for measles, mumps and rubella | Birth date before 1966 (considered age immune) |
| A, B | Varicella (chickenpox) | Two documented doses of varicella vaccine at least one month apart | Documented Positive serology (IgG) for varicella | |
| A, B | Tuberculosis (TB) | | ☐ Documented "negative" or "unlikely" QuantiFERON Gold blood test within the last 12 months | ☐ Past documented "positive" QuantiFERON Gold test result Or |
| A, B, C | Influenza | ☐ Documented Influenza | vaccination current calendar year | |
| A, B if working with children or neonates | Diphtheria, tetanus, pertussis (whooping cough) | ☐ One documented adult the past 10 years. Not AD | dose of diphtheria / tetanus / pertu T | ussis vaccine (dTpa) from within |
| Additional requirements for Microbiology Laboratory staff | Meningococcal | □ Two documented doses of the Meningococcal B vaccine And □ One documented dose of Men ACWY vaccine within the last 5 years □ One documented booster dose of Men B vaccine within the last 5 years | | |
| Additional requirements for Plumbers and Hyperbaric technicians | Hepatitis A | ☐ A documented primary course of 2 doses of Hepatitis A containing vaccine 6 – 12 months apart (or 3 doses if Twinrix given) ☐ Or ☐ Documented Positive IgG serology to Hepatitis A | | |
| | Polio (Desirable) | ☐ 3 dose primary course of Polio containing vaccines ☐ Category A staff and laboratory workers, 10 yearly Polio (IPV) boosters are currently desirable | | |