

FORM 1: SCREENING & VACCINATION COMPLIANCE ASSESSMENT

Title: <i>[please tick]</i> Mr [] Mrs [] Miss [] Ms [] Dr []					
Surname:			Former Name (if applicable):		
Given Name:					
Date Of Birth:			Medicare Number:		
Gender:			Phone Number(s):		
Email Address:					
Country of Birth:					
CATEGORY B applicants must provide:					
<ul style="list-style-type: none"> ○ Form 1 (<i>this page only</i>) ○ Evidence of 2 COVID-19 doses 					
CATEGORY A applicants must provide:					
<ul style="list-style-type: none"> ○ Form 1 ○ Undertaking/Declaration Form (<i>fully completed for a Category A worker, signed and dated</i>) ○ Tuberculosis (TB) Assessment Tool (<i>fully completed, signed and dated</i>) ○ Vaccination and serology evidence outlined in the table on the last page of this document 					
Position Applied For:			REQ No:		
Convenor/Contact Person:			Contact No:		
Email Address:					
Department:			Facility:		
SWSLHD Employee? YES [] NO []		Employee No:			

STAFF HEALTH CLINIC USE ONLY

CATEGORY (*circle*) **A** **B**

[Please tick where applicable]

SUITABLE FOR EMPLOYMENT

COMPLIANT: Meets screening/vaccination requirements of the NSW Health *Occupational Assessment, Screening and Vaccination Against Specified Infectious Disease PD 2022_030*

CONDITIONAL: Applicant meets the mandatory requirements of the policy directive and can be employed under the condition that they complete the remaining screening and vaccination requirements within the required timeframe

NOT SUITABLE FOR EMPLOYMENT: Does not meet the minimum screening/vaccination requirements for employment according to the NSW Health Policy Directive *Occupational Assessment, Screening and Vaccination Against Specified Infectious Disease PD 2022_030*

Name of Provider: **Signature of Provider:**

(Only an authorised vaccination provider from the employing health care facility can sign this section)

Facility: **Date:**

Note: *This form and the New Recruit Undertaking/Declaration, TB Assessment Tool and any vaccination health records for the preferred applicant to be forwarded to District Staff Health for the Occupational Assessment, Screening and Vaccination Against Specified Infectious Disease PD 2022_030*

Undertaking/Declaration Form

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

1. This form must be completed by all new workers, students and existing staff applying for new positions or undergoing vaccination and screening requirements outlined in the NSW Health *Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive* (the “**policy directive**”). This includes volunteers/facilitators/contractors (including visiting medical officers and agency staff) who provide services for or on behalf of NSW Health.
Please download the form before filling it in
2. **Category A workers** as defined in the policy directive must complete:
 - each part of this document; **and**
 - each part of the *Tuberculosis (TB) Assessment Tool*; **and**
 - provide evidence of protection which may include a *NSW Health Vaccination Record Card for Category A Workers and Students*; **and**
 - provide evidence of protection for COVID-19 as specified in Appendix 1 of the policy directive *Evidence of protection*; **and**
 - provide evidence of protection (serological and/or vaccination) for other requirements as specified in Appendix 1 *Evidence of protection*; **and**
 - return these forms to the health facility with their application/enrolment or before attending their first clinical placement. (*Parent/guardian to sign if student is under 18 years of age*).

Category A workers will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Appendix 1 *Evidence of protection* and submitted the *Tuberculosis (TB) Assessment Tool*.

Failure to complete outstanding hepatitis B, TB or COVID-19 vaccination requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/ work/ employment.

3. **Category B workers** as defined in the policy directive must complete:
 - each part of this document; **and**
 - provide evidence of protection for COVID-19 as specified in Appendix 1 of the policy directive *Evidence of protection*; **and**
 - return this form to the health facility with your application/enrolment. (*Parent/guardian to sign if student is under 18 years of age*).

Category B workers will only be permitted to commence employment/attend placements if they have submitted this form and have evidence of COVID-19 protection as specified in Appendix 1 of the policy directive *Evidence of protection*.

Failure to complete outstanding COVID-19 vaccination requirements within the appropriate timeframe(s) will result in suspension from further placements/duties and may jeopardise their course of study/ work/ employment.

4. The **recruitment agency/education provider** must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment.
5. The **NSW Health agency** must assess these forms along with evidence of protection specified in this policy directive.

Undertaking/Declaration Form

Occupational Assessment, Screening and
Vaccination Against Specified Infectious Diseases



Part	Undertaking/Declaration (tick the applicable option)	✓
1	I have read, understand and agree to abide by the requirements of the NSW Health <i>Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy</i>	
2	<p>a. I consent to assessment and 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)</p> <p>b. (For existing workers only) I consent to assessment and 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.</p>	
3	I have provided evidence of protection for hepatitis B as follows (Category A workers only):	
	a. history of an age-appropriate vaccination course, <u>and</u> serology result Anti-HBs ≥ 10 mIU/mL OR	
	b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is < 10 mIU/mL (non-responder to hepatitis B vaccination) OR	
	c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ OR	
	d. 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 <i>The Australian Immunisation Handbook</i> , current edition) and provide a post-vaccination serology result within six months of my initial verification process OR .	
	e. I have provided evidence of a medical contraindication to hepatitis B vaccine (e.g. letter from a doctor); AND .	
4	I have provided COVID-19 vaccination evidence as follows (Category A workers only):	
	a. Evidence of 3 doses of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals); OR	
	b. Evidence that I have received at least two doses of a TGA approved or a recognised COVID-19 vaccine and will complete the required 3 dose schedule with a TGA approved COVID-19 vaccine, within the dosing time frame stipulated by the Australian Technical Advisory Group on Immunisation (ATAGI) and will provide evidence of completed vaccines within 6 weeks of the dose 3 due date; OR	
	c. I have provided evidence of a temporary or permanent medical contraindication to all the available TGA approved COVID-19 vaccines, in the form of an Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011). I understand that if the medical contraindication is temporary, I must be reviewed by the date specified on the Medical Contraindication Form; OR	
5	I have provided COVID-19 vaccination evidence as follows (Category B workers only):	
	a. Evidence of 2 doses of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals); OR	
	b. I have provided evidence of a temporary or permanent medical contraindication to all the available TGA approved COVID-19 vaccines, in the form of an Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011). I understand that if the medical contraindication is temporary, I must be reviewed by the date specified on the Medical Contraindication Form.	

Declaration: I, _____ declare that the information provided is correct

Full name _____ Worker cost centre (if available) _____

Parent/guardian name _____ Parent/guardian signature

(for workers/students under 18 years)

D.O.B _____ Worker/Student ID (if available): _____

Medicare number _____ Position on card _____ Expiry date _____

Email _____

NSW Health agency / Education provider _____

Signature Date _____

Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Your Personal Information

Family Name

Given Name(s)

Date of Birth

Phone Number

Medicare Number *[if eligible]*Position on card *[number next to your name]*

Expiry Date

Address (street number and name, suburb and postcode)

Email

Employer/Education Provider

Stafflink/Student/Other ID

Course/Module of Study OR Place of Work

Signature

Date completed

Please complete all questions in Parts A, B and C.

Part A: Symptoms requiring investigation to exclude active TB disease

Do you currently have any of the following symptoms that are not related to an existing diagnosis or condition that is being managed with a doctor?

	Yes	No
1. Cough for more than 2 weeks?		
2. Episodes of haemoptysis (coughing blood) in the past month?		
3. Unexplained fevers, chills or night sweats in the past month?		
4. Significant* unexpected weight loss over the past 3 months? <i>*loss of more than 5% of body weight</i>		

Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Family Name

Given Name(s)

Stafflink/Student/Other ID

Other relevant information to assist with determining TB risk
<p>E.g. pre-migration TB screening - CXR reported as normal and negative IGRA on</p> <p>Date</p>

All workers and students need to submit this form to their NSW health agency or education provider.

Education providers must forward this form to the NSW Health agency for assessment.

The **NSW Health agency** will assess this form and determine whether TB screening or TB clinical review is required.

NSW TB Services contact details:

<https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/accessing-your-local-TB-service.aspx>

Privacy Notice: Personal information about students and employees collected by NSW Health is handled in accordance with the Health Records and Information Privacy Act 2002. NSW Health is collecting your personal information to meet its obligations to protect the public and to provide a safe workplace as per the current Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases Policy Directive. All personal information will be securely stored, and reasonable steps will be taken to keep it accurate, complete and up to date. Personal information recorded on this form will not be disclosed to NSW Health officers or third parties unless the disclosure is authorised or required by or under law. If you choose not to provide your personal information, you will not meet the condition of placement. For further information about how NSW Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.nsw.gov.au

For Official Use of NSW Health Agency or NSW TB Service

Please refer to Appendix 3 - TB Assessment Decision Support Tool for guidance on documenting outcomes from this TB Assessment:	
<p> <input type="checkbox"/> TB Compliant <input type="checkbox"/> Advice sought from local TB service/chest clinic <input type="checkbox"/> TB Screening required – referred to GP or local TB service/chest clinic <input type="checkbox"/> TB Clinical Review required – referred to local TB service/chest clinic <input type="checkbox"/> Other </p>	
Name of assessor and role	Contact Number
Health Agency/District/Network	Date of assessment

Vaccination Record Card for Category A Workers and Students

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
COVID-19	<input type="checkbox"/> AIR Immunisation history statement or AIR COVID-19 digital certificate OR Evidence of a temporary or permanent medical contraindication – Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011).	Not applicable	
Diphtheria, tetanus, pertussis (whooping cough)	<input type="checkbox"/> One adult dose of pertussis containing vaccine (dTpa) ¹ within the last 10 years. <u>Do not use ADT vaccine as it does not contain the pertussis component</u>	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 <u>Not “accelerated” course</u>	<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, and/or HBsAg+
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	<input type="checkbox"/> One dose of current southern hemisphere seasonal influenza vaccine by 1 June each year	Not applicable	

*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.