

# Vaccination Record Card for Health Care Workers and Students



Health

Personal Details (please print)

Please refer to instructions overleaf

Surname			Given names	
Address				
	State:	P/code:	Date of Birth	
Email			Staff/student ID No.	
Contact numbers	(mobile)	(home)	(work)	

Vaccine	Date	Batch No.	Official Certification by Vaccination Provider (clinic/practice stamp, full name and signature)
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**Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine** (adult dose of dTpa vaccine)

Dose 1			
Booster 10 years after previous dose			

**Hepatitis B vaccine** (age appropriate course of vaccinations **AND** hepatitis B surface antibody  $\geq 10\text{mIU/mL}$  **OR** core antibody positive)

Dose 1			
Dose 2			
Dose 3			

**AND**

Serology: anti-HBs		Result	mIU/mL
		Result	mIU/mL
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			
Dose 2			

**OR**

Serology Measles		IgG Result	
Serology Mumps		IgG Result	
Serology Rubella		IgG Result	

**Varicella vaccine** (age appropriate course of vaccination **OR** positive serology **OR** history of chicken pox/shingles)

Dose 1			
Dose 2			

**OR** (please tick) History of chicken pox  Date: / /  
or physician diagnosed shingles

**OR** Serology Varicella  IgG Result

TB Screening	Date	Given by/Read by (clinic/practice stamp, full name and signature)
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Requires TB Screening?	YES NO (please circle)	Assessed by (Health Facility)
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**Tuberculin Skin Test (Mantoux)**

Skin Test			
Reading		Induration	mm
Skin Test			
Reading		Induration	mm
Skin test			
Reading		Induration	mm

**Other TB investigations** (including chest X ray)


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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.

### Evidence required for Category A Staff

Disease	Evidence of vaccination	Documented serology results	Notes
<b>Diphtheria, tetanus, pertussis (whooping cough)</b>	<input type="checkbox"/> One <u>adult</u> dose of pertussis-containing vaccine (dTpa) <sup>1</sup>  <b>Do not use ADT vaccine as it does not contain the pertussis component</b>	Serology will not be accepted	
<b>Hepatitis B</b>	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine  <b>AND</b>  Not "accelerated" course <sup>2</sup>	<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
<b>Measles, mumps, rubella (MMR)</b>	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart	<input type="checkbox"/> Positive IgG for measles, mumps and rubella <sup>3</sup>	<input type="checkbox"/> Birth date before 1966
<b>Varicella (chickenpox)</b>	<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 <sup>3</sup>	<input type="checkbox"/> History of chickenpox or physician-diagnosed shingles (serotest if uncertain)
<b>Tuberculosis (TB)</b>	Not applicable	Not applicable	<input type="checkbox"/> Tuberculin skin test (TST)
<b>Influenza</b>	Annual influenza is <i>strongly recommended but not mandatory</i>		

\*TST screening is required if the person was born in a country with high incidence of TB, or has resided for a cumulative time of more than 3 months or longer in a country with a high incidence of TB, as listed at: <http://www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf>

<sup>1</sup> A booster dose is recommended if 10 years have elapsed since a previous dose.

<sup>2</sup> A person receiving an accelerated course of hepatitis B vaccinations will not have completed the course until they have the 4<sup>th</sup> dose 12 months after the first dose.

<sup>3</sup> Serology is only required for MMR and Varicella protection if vaccination records are not available and the person was born during or after 1966