Vaccine preventable diseases evidence form

To be completed by the applicant

This form is to be used only if you (the candidate) have acceptable forms of evidence as listed in the table below. **Please note: the preferred form of evidence is evidence of vaccination.**

Please complete the details on the form – one (1) box must be ticked for each disease. All sections of this from must be completed.

You **must attach a copy of the evidence** relating to each vaccine preventable disease (each row of the table). All supporting evidence must:

- Adequately display the employment candidate's personal identification details.
- Statutory declarations from employment candidates will not be accepted.
- Where this evidence is not in English, translation of the evidence is the responsibility of the applicant.

You will not be able to meet the conditions of employment if evidence is not attached for the specified vaccine preventable diseases specific to your role.

If you do not have evidence for each disease listed, please take the Vaccine preventable diseases evidence certification form: To be completed by the applicant's health care provider to a General Practitioner (GP) or a vaccine service provider (such as an immunisation clinic) to have the required vaccination/s or blood test/s in order to provide evidence.

Any cost associated with further medical consultation or further vaccination are the responsibility of the applicant.

Brand name listings contained in this document are not necessarily comprehensive. Vaccines may have different brand names in other countries. Employment candidates may have been vaccinated with vaccines that are no longer available. Where doubt exists, please seek clarification from your prospective manager, GP or local public health unit.

This form has been modified from the Vaccination of healthcare workers, Version 2.0, Queensland Health

Surname:			
First names:			
Date of birth:		Phone number:	
Address:			
QLD Health Payroll (if known):			

Privacy Notice (must be completed by the employment candidate):

Personal information collected by Queensland Health is handled in accordance with the Information Privacy Act 2009. Queensland Health is collecting personal information in accordance with the Information Privacy Act 2009 in order to meet its obligations to provide a safe workplace. All personal information will be securely stored and only accessible by authorised Queensland Health staff.

Your personal information will not be disclosed to any other third parties without consent, unless required by law. If you choose not to provide your personal information, you will not meet the condition of employment.

Consent to search databases

I do ☐ / do not ☐ consent to the recruitment panel, Hospital and Health Service staff health and/or infection control units searching the following databases for additional immunisation records that will assist the complete assessment of my immunisation needs for occupational health purposes whilst employed. If you choose not to give consent to search databases, this may not affect your offer of employment but further information will be sought to ensure the VPD requirements are met.

☐ QH Pathology records (ONLY for previous serology related to immunisation assessment)

☐ The Australian Immunisation Register (AIR)

☐ QH Staff Protect Application

Candidate please complete:

Name:		Date:	
Signature:			

Consent to pass information

I do ☐ / do not ☐ consent to the recruitment panel/human resources department passing on relevant health information to the Hospital and Health Service staff health and/or infection control units. Providing consent will allow appropriate management of staff health vaccination programs and outbreak management. This information will be stored in a secure database that can only be accessed by authorized Queensland Health staff. If you choose not to allow your information to be passed on to staff health and/or infection control units, this will not affect your offer of employment.

Candidate please complete:

Name:		Date:	
Signature:			

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Date of birth:		Phone number:	

Disease	Evidence of vaccination **Option 1**	Serology results **Option 2**	Other acceptable evidence **Option 3**
Hepatitis B	☐ **Attach Evidence** of documented history of 2 or 3 (or 4) age-appropriate course of hepatitis B vaccine Date dose 1: ____/____/_____ Date dose 2: ____/____/_____ Date dose 3: ____/____/_____ Date dose 4: (Accelerated course only) ____/____/_____	☐ **Attach Evidence** of blood test results showing immunity to hepatitis B Anti-HBs ≥ 10 IU/L indicates immunity. Anti-HBs <10 IU/L indicates not immune.	☐ **Attach Evidence** that the individual is not susceptible to Hepatitis B . ***OR*** ☐ **Attach Evidence of p**artial course of Hepatitis B vaccine Date of dose 1: ____/____/_____ Date of dose 2: ____/____/_____

- Hepatitis B containing vaccine brand names include, H-B-Vax II (adult or paediatric formulation), Engerix-B (adult or paediatric formulation). Brand names of combination vaccines containing hepatitis B vaccine are Infanrix hexa (diphtheria, tetanus, pertussis, Haemophilus influenzae type b, Hepatitis B, polio), Twinrix / Twinrix Junior (hepatitis A, hepatitis B), ComVax (Haemophilus influenza type B, hepatitis B) and Infanrix hep B (diphtheria, tetanus, pertussis, acellular, hep B). This list is not exhaustive.
- Age-appropriate vaccination schedules:
    - Adult (≥20 years of age) schedule consists of 3 doses with a minimum of 4 weeks between dose one and 2, a minimum of 2 months between dose 2 and 3 with a minimum interval of 4 months between doses one and 3.
        - A schedule with a minimum interval of 3 months between dose one and 3 was recommended prior to July 2013 and is acceptable if the course was completed before this.
    - Childhood (<20 years of age) schedule is 3 doses of paediatric hepatitis B containing vaccine which consists of a minimum interval of 4 weeks between dose one and 2, a minimum interval of 2 months between dose 2 and 3 with a minimum interval of 4 months between doses one and 3.
    - Adolescent (11–15 years of age) schedule is 2 doses of adult hepatitis B vaccine administered 4 to 6 months apart.
- At least 2 doses of hepatitis B containing vaccine at least 4 weeks apart are required to be partially compliant. If partially compliant, continued employment is contingent on completing the course within 6 months of commencement.
- A note about accelerated courses which require 4 doses not 3 - An accelerated course is one of two courses: 1st dose: day 0, 2nd dose: one month post first dose, 3rd dose 2 months after 1st dose, 4th dose 12 months after 1st dose OR 1st dose: day 0, 2nd dose: 7 days after 1st dose, 3rd dose: 21 days after 1st dose, 4th dose: 12 months after 1st dose.

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First names:			
Date of birth:		Phone number:	

Disease	Evidence of vaccination **Option 1**	Serology results **Option 2**	Other acceptable evidence **Option 3**
Measles, Mumps & Rubella	☐ **Attach Evidence** of 2 documented doses of MMR vaccine at least 4 weeks apart Date dose 1: ____/____/_____ Date dose 2: ____/____/_____	☐ **Attach Evidence** of blood test results showing immunity (positive IgG) for Measles. ☐ **Attach Evidence** of blood test results showing immunity (positive IgG) for Mumps. ☐ **Attach Evidence** of blood test results showing immunity (positive IgG) for Rubella.	☐ Birth date before 1966 ***OR*** ☐ Partial course of MMR vaccine Date of dose 1: ____/____/_____
• Brand names of MMR vaccine include M-M-R-II & Priorix. Vaccines that contain measles, mumps, rubella and varicella (chickenpox) vaccines include Priorix-tetra & ProQuad. This list is not exhaustive. • For IgG results that are "low level immunity," "equivocal," "low positive," or any other result that is not clear, the candidate should seek further advice as they may not be immune. • One documented dose of a measles, mumps and rubella vaccine is required for the candidate to be considered partially compliant. If partially compliant, continued employment is contingent on completing the course within 3 months of commencement.			
Pertussis (whooping cough)	☐ **Attach Evidence** of 1 documented history of adult dose of dTpa within the past 10 years Date of dose: ____/____/_____	Not applicable	Not applicable
• Evidence of vaccination with a pertussis containing vaccine within the last 10 years is the only acceptable evidence for vaccination against pertussis. • Brand names of pertussis containing vaccines include Boostrix, Boostrix-IPV, Adacel, Adacel Polio, Hexaxim and Tripacel. This list is not exhaustive.			

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Date of birth:		Phone number:	

Disease	Evidence of vaccination	Serology results	Other acceptable evidence
	Option 1	**Option 2**	**Option 3**
Varicella (Chickenpox)	☐ **Attach Evidence** of history of age-appropriate course of varicella vaccination Date dose 1: ____/____/_____ Date dose 2: ____/____/_____ *Mandatory if course is initiated after age 14.	☐ **Attach Evidence** of blood test results showing immunity (positive IgG) for varicella.	☐ **Attach Evidence of documented** history of physician diagnosed varicella or shingles
OR			***OR***
Herpes zoster (Shingles)	☐ **Attach Evidence** of history of age-appropriate course of Zoster vaccination Date of dose: ____/____/_____ Date of dose (Shingrix only): ____/____/_____		☐ Partial course of varicella or Zoster vaccine Date of dose 1: ____/____/_____

- Varicella containing vaccine brand names include Varilrix & Varivax. Brand names of combination vaccine containing varicella vaccine include Priorix-tetra & ProQuad. Brand name of zoster vaccines are Zostavax and Shingrix. This list is not exhaustive.
- For IgG results that are “low level immunity,” “equivocal,” “low positive,” or any other result that is not clear, the candidate should seek further advice as they may not be immune.
- If a documented history of physician-diagnosed chickenpox or shingles is the evidence, the letter must be on practice letterhead, include the date of diagnosis, the designation and signature of the certifier and service provider number, where applicable.
- Age-appropriate course for varicella (age at commencement of the course):
    - <14 years of age – one dose (2 are recommended but not required)
    - 14–59 years of age – 2 doses
    - ≥60 years – one dose Zostavax OR 2 doses Shingrix
- One dose of varicella containing vaccine when the candidate was 14 years of age or older is required to be partially compliant. If partially compliant, continued employment is contingent on completing the course within 3 months of commencement.

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