

Prospective SA Health employees Health Care Worker Immunisation Screening Form

Section 1: Immunisation screening

INSTRUCTIONS

- > Please complete this form and obtain as much of the required documentation as possible.
- > Take this form and the supporting documents to your doctor or immunisation provider. If you are assessed as compliant with the SA Health Immunisation for Health Care Workers Policy Directive, your doctor or authorised immunisation nurse will complete a Certificate of Compliance.
- > You will be required to present this Screening Questionnaire, supporting documents and the Certificate of Compliance for review on request from the SA Health Hiring Manager.

Surname:	First Name:
Contact Number:	Preferred Name:
Address:	Post Code:
Preferred Email:	Date of Birth
Position applied for:	
Hiring manager:	Commencement date

1. Hepatitis B virus (HBV)

<p>Have you completed a full course of HBV vaccine (either 3 doses, or 2 doses if given between 11 to 15 years of age) AND had a blood test result showing immunity (hepatitis B surface antibody [anti-HBs] $\geq 10\text{mIU/mL}$)? OR Have you had resolved HBV infection in the past AND had a blood test to confirm you are immune (hepatitis B core antibody)?</p>	<p>YES, you are considered immune to HBV.</p> <p>Documentation required Blood test result indicating the required titre level.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Immunisation Provider Use Date of test: Result:</p> </div>	<p>NO, you need to see your immunisation provider to commence/complete the hepatitis B vaccination course. You can be accepted for a SA Health position if you have started the vaccine course, agreed to complete the course, and have a blood test to check immunity after starting in your position.</p> <p>DON'T KNOW, you need to see your doctor to have a blood test to check your immunity.</p> <ul style="list-style-type: none"> > If the blood test shows you are immune you do not need to take further action. > If the blood test does not show immunity you need to see your immunisation provider to commence the hepatitis B vaccine course followed by a blood test 4-8 weeks after the last vaccine to check for immunity. > If you have had a full vaccine course but no blood test, you should see your immunisation provider for a hepatitis B booster vaccine and blood test 4 weeks later.
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2. Measles, Mumps, Rubella (MMR)

2a. Were you born before 1966?	<p>YES, measles, mumps and rubella vaccination not required. Go to 3.</p>	NO , go to 2b
2b. Do you have evidence of vaccination with at least 2 doses of a MMR vaccine?	<p>YES, you are considered immune to measles, mumps and rubella. Go to 3.</p> <p>Documentation required Vaccination record for both doses</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Immunisation Provider Use Dose 1 date: Dose 2 date:</p> </div>	NO go to 2c

Surname:		First Name:
2. Measles, Mumps, Rubella (MMR)		
2c. Do you have evidence of immunity to measles, mumps and rubella infection (laboratory evidence of past infection or immunity)?	<p>YES, you are considered immune to measles, mumps and rubella.</p> <p>Documentation required</p> <p>Blood test result indicating immunity for measles, mumps and rubella</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Immunisation Provider Use</p> <p>Date of test:</p> <p>Measles result:</p> <p>Mumps result:</p> <p>Rubella result:</p> </div>	<p>NO or DON'T KNOW, you need to see your immunisation provider to commence/complete the MMR vaccine course.</p> <ul style="list-style-type: none"> > If you are pregnant, planning to get pregnant, or if your immune system is suppressed you should NOT have these vaccines and discuss this with your doctor. > You do NOT need to have a blood test to check immunity following this vaccination course. > If you are confident you have had two doses of MMR vaccine but do not have the documentation, consider seeing your doctor to have a blood test to check for immunity before having the vaccine course.
3. Chickenpox (varicella-zoster virus)		
3a Have you had chickenpox in the past?	<p>YES, you are considered immune to chickenpox. Go to 4.</p> <p>Documentation not required</p>	NO , go to 3b
3b Have you had a blood test showing immunity to chickenpox?	<p>YES, you are considered immune to chickenpox. Go to 4.</p> <p>Documentation required</p> <p>Blood test result showing immunity to chickenpox.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Immunisation Provider Use</p> <p>Date of test:</p> <p>Result:</p> </div>	NO , go to 3c
3c. Have you had two doses of a varicella-containing vaccine (or one dose if given before 14 years of age)?	<p>YES, you are considered immune to chicken pox.</p> <p>Documentation required</p> <p>Vaccination record for both doses (or for one dose if given before 14 years of age).</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Immunisation Provider Use</p> <p>Dose 1 date:</p> <p>Dose 2 date:</p> </div>	<p>NO or DON'T KNOW, you need to EITHER have two doses of varicella vaccine OR a blood test to see if you are immune to chickenpox.</p> <ul style="list-style-type: none"> > If the blood test result shows you are immune, you do not need to take further action. > If the blood test result does not indicate immunity you need to commence/ complete the varicella vaccine course. > You do NOT need to have a blood test to check your immunity following this vaccination course.
4. Diphtheria, Tetanus and Pertussis (dTpa)		
<p>Have you had a primary course (3 doses) of a diphtheria / tetanus / pertussis toxoid-containing vaccine (usually given in childhood)</p> <p>AND</p> <p>had a booster dose of dTpa vaccine in the last 10 years?</p>	<p>YES, you are considered immune to diphtheria, tetanus and pertussis.</p> <p>Documentation required</p> <p>Vaccination record for the most recent booster dose.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Immunisation Provider Use</p> <p>Booster date:</p> </div> <p>Documentation not required for the primary course.</p>	<p>NO or DON'T KNOW,</p> <ul style="list-style-type: none"> > You need to see your immunisation provider to commence/ complete the primary dTpa vaccine course. > If you have had a primary course but no booster in the last 10 years, you need to see your immunisation provider for a dTpa booster vaccine. > You do NOT need to have a blood test to check immunity following this vaccination.

Surname:		First Name:
5. Influenza		
Have you had the seasonal influenza vaccine this year?	YES. Documentation not required <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Immunisation Provider Use Vaccination date: </div>	> NO or DON'T KNOW , it is highly recommended that you have a seasonal influenza vaccination from your immunisation provider every year.
6. Poliomyelitis		
Have you received a full 3 dose course of polio vaccination (by mouth or by injection) usually given in childhood?	YES , no further action required. Documentation not required	NO or DON'T KNOW , you need a three dose course of inactivated poliomyelitis vaccine (IPV). > You do NOT need to have a blood test to check immunity following this vaccination.
7. Hepatitis A		
<i>Only complete this question if you are working or likely to be working in remote Indigenous communities, with Indigenous children, or with people with developmental disabilities.</i> Have you received 2 doses of hepatitis A vaccine, at least 6 months apart?	YES , you are considered immune to hepatitis A. Documentation required Vaccination record <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Immunisation Provider Use Dose 1 date: Dose 2 date: </div>	NO or DON'T KNOW , you should have two doses of hepatitis A vaccine, at least 6 months apart. > You do NOT need to have a blood test to check immunity following this vaccination.

Applicant declaration and consent

I confirm that the information provided in this form is accurate and supported by documented evidence as required. I understand that my participation in the SA Health screening program is mandatory to reduce the risk of transmission of vaccine preventable diseases to myself and my patients. I am aware that my application for employment will not be considered unless all supporting evidence is attached.

I consent to an authorised Worker Health Nurse/ Infection Control Practitioner obtaining information relating to my immunisations, if required, from the Australian Immunisation Register, SA Health CHRIS 21, SA Pathology and OACIS databases.

Applicants name

Date of birth

.....
Signature Date

Section 2: Tuberculosis screening

INSTRUCTIONS

- > Please complete this section and provide it for review on request from the SA Health Hiring Manager, along with evidence of your previous tuberculosis screening records and relevant blood tests, if available.

Surname:	First Name:
Previous Surname:	Date of Birth

1. Exposure risk

- a) **Were you born in Australia?** Yes No If no, Country of birth? _____
 Year of Arrival in Australia? _____ Years spent in country of birth: _____

- b) **Have you worked or lived outside of Australia for periods of more than 3 months?**

Yes (please give details from most recent dates below) No

Country	Year left	Length of stay

- c) **Have you volunteered in a developing nation or travelled in a high TB endemic region where you had close contact amongst locals?**

Yes (please give details from most recent dates below) No

Country	Date	Activity	Length of stay

2. TB contact history

- a) **Have you ever been involved in the care of patients with TB, or had close contact with someone who had TB (e.g. family member, friend)?**

Yes No If yes did you wear an N95 or P2 respirator mask that had been fittested? Yes No

Please provide details: _____

3. TB history

- a) **Have you ever had Tuberculosis in the past?** Yes No If yes, Were you treated? Yes No

Please provide details: _____

- b) **Do you currently have any of the following symptoms?**

Cough	Yes	No	If yes, duration (weeks)?	
Fever	Yes	No	If yes, duration (days/weeks)?	
Weight loss	Yes	No	If yes, estimate (kgs)?	

Surname:	First Name:
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4. TB immunisation / screening tests

NOTE - Attach supporting evidence

a. Have you had a BCG vaccination against TB?	Yes	No	Date:	
b. Have you had a Mantoux Skin Test?	Yes	No	Result in mm:	Date:
c. Have you had a blood test for TB?	Yes	No	Result:	Date:
d. Have you ever had a chest x-ray?	Yes	No	Result:	Date:

Applicant declaration and consent

I consent to the SA Health Worker Health Nurse / Infection Control Practitioner obtaining information relating to previous Mantoux skin tests, chest x-rays and TB screening history from the SA TB Services Chest Clinic if required.

.....
Signature

.....
Date

Prospective SA Health employees Health Care Worker Immunisation Screening Form

Section 3: Other health information

INSTRUCTIONS

> Please complete this page and provide it on request from the SA Health Hiring Manager.

Surname:		First Name:
Date of Birth		
1. Hepatitis C virus (HCV)		
Do you know your status in relation to HCV?	<p>YES</p> <ul style="list-style-type: none"> > If you are HCV antibody negative, you do not need to take further action. > If you are HCV antibody positive, you must seek confidential medical and career advice from an infectious diseases specialist and not undertake any exposure prone procedures until cleared to do so by the specialist <p>Documentation not required</p>	<p>NO or DON'T KNOW</p> <ul style="list-style-type: none"> > As a health care worker you have a responsibility to know your HCV status by having a blood test for HCV antibody. > You do not need to inform SA Health of your status.
2. Human immunodeficiency virus (HIV)		
Do you know your status in relation to HIV?	<p>YES</p> <ul style="list-style-type: none"> > If you are HIV antibody negative, you do not need to take further action. > If you are HIV antibody positive, you must seek confidential medical and career advice from an infectious diseases specialist and not undertake any exposure prone procedures until cleared to do so by the specialist <p>Documentation not required</p>	<p>NO or DON'T KNOW</p> <ul style="list-style-type: none"> > As a health care worker you have a responsibility to know your HIV status by having a blood test for HIV antibody. > You do not need to inform SA Health of your status.

3. Do you have a skin condition that affects your hands or forearms (e.g. dermatitis, eczema or psoriasis)? Yes No

If yes, please provide details

4. Do you have any allergies to latex, chemicals or substances? Yes No

If yes, please provide details

Surname:	First Name:
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5. Do you have a medical condition or are you having treatment that might suppress your immunity? Yes No

If yes, please provide details here or arrange to see the Worker Health Nurse / Infection Control Practitioner once you have started work or placement.

6. Have you ever been Fit tested for a N95/P2 mask? Yes No

When:		
Where:		
Mask type/make:		
Mask size:		
Do you know how to perform a fit check?	Yes	No
Have you ever experienced difficulty wearing a N95/P2 mask?	Yes	No

Thank you for completing these Pre-Employment Health Care Worker Screening forms

CERTIFICATE OF COMPLIANCE

Health Care Worker Immunisation Policy Directive (SA Health)

Replace with your logo here

Immunisation provider (medical practitioner or authorised immunisation nurse) instructions:

- > Based on the acceptable evidence of immunity to specific vaccine preventable diseases (VPD) for health care workers (HCW) table on the back of this form please tick all relevant boxes for each VPD.
- > If immunity is confirmed, complete the second signature box below. If a recommended course of vaccination has commenced, complete the first signature box and arrange follow-up. Once immunity is confirmed, then complete the second box

Name		Date of birth (dd/mm/yyyy)		Student ID (if student)	
VPD	Immune status		Blood test result or date vaccination given (to be completed following review of Screening Questionnaire)		
	Immunity confirmed by	Not immune			
Chickenpox (varicella-zoster)	History of past infection Blood test result Vaccination record	Vaccination record Blood test result	Blood test result:	Immune	Not immune
			Vaccine (dose 1) given:	Yes	No
			Vaccine (dose 2) given:	Yes	No
				Date:	Date:
Diphtheria, tetanus and pertussis	Vaccination record of booster dose in last 10 years	Vaccination recommended (booster)	Vaccine (booster) given:	Yes	No
				Date:	Date:
Poliomyelitis	Vaccination history	Vaccination recommended	Primary vaccination course started:	Yes	No
Measles, mumps and rubella	Vaccination record Blood test result Born before 1966	Vaccination recommended	Vaccine (dose 1) given:	Yes	No
			Vaccine (dose 2) given:	Yes	No
				Date:	Date:
Hepatitis B	Blood test result	Serological testing recommended Vaccination recommended	Blood test result:	Immune	Not immune
			Vaccine (dose 1) given:	Yes	No
			Vaccine (dose 2) given:	Yes	No
			Vaccine (dose 3) given:	Yes	No
				Date:	Date:
Hepatitis A Recommended for HCWs working in remote Indigenous communities, with Indigenous children or people with developmental disabilities	History of past infection Blood test result Vaccination record	Vaccination record Blood test result	Blood test result:	Immune	Not immune
			Vaccine (dose 1) given:	Yes	No
			Vaccine (dose 2) given:	Yes	No
				Date:	Date:
Authorised Immunisation Provider Declaration					
In Progress The above-named person has commenced a course of vaccination (as indicated above) and will require further follow up.		Practice Stamp or Address Here		Compliant The above-named person has acceptable evidence of immunity to the vaccine- preventable diseases noted above.	
Practice Stamp or Address Here					
Provider No:	Print Name:	Provider No:	Print Name:		
Signature:	Date:	Signature:	Date:		

Acceptable evidence of immunity to specific vaccine preventable diseases (VPD) for health care workers

VPD	Acceptable evidence of immunity
Chickenpox (varicella-zoster)	<ul style="list-style-type: none"> > Documented serological evidence of varicella antibody (IgG) or > Documented evidence of age-appropriate varicella vaccination or > History of prior chickenpox or shingles (no documentation required for history of infection). > Confirmation of immunity post-vaccination not required.
Diphtheria	<ul style="list-style-type: none"> > Documented evidence of booster dose of diphtheria-containing vaccine in the last 10 years. > Confirmation of immunity post-vaccination not required.
Hepatitis A	<ul style="list-style-type: none"> > Documented serological evidence of hepatitis A antibody (IgG) or > Documented evidence of completed course of hepatitis A vaccine or > Documented laboratory evidence of past infection > Confirmation of immunity post-vaccination not required.
Hepatitis B	<ul style="list-style-type: none"> > Documented evidence of hepatitis B core antibody or documented level of hepatitis B surface antibody (>10mIU/ml) following completion of course of hepatitis B vaccine. > Confirmation of immunity post-vaccination is required for all HCWs after completion of vaccination course. > All HCW who have lived in a hepatitis B endemic country for at least 3 months are required to have serology, including hepatitis B surface antigen, prior to vaccination.
Measles	<ul style="list-style-type: none"> > Documented serological evidence of measles antibody (IgG) or > Documented evidence of two measles-containing vaccines at least 1 month apart or > Born before 1966 or > Documented laboratory evidence of past infection. > Confirmation of immunity post-vaccination not required.
Mumps	<ul style="list-style-type: none"> > Documented serological evidence of mumps antibody (IgG) or > Documented evidence of two mumps-containing vaccines at least 1 month apart or > Born before 1966 or > Documented laboratory evidence of past infection. > Confirmation of immunity post-vaccination not required.
Pertussis	<ul style="list-style-type: none"> > Documented evidence of pertussis-containing booster vaccine in the previous 10 years. > Confirmation of immunity post-vaccination not required.
Poliomyelitis	<ul style="list-style-type: none"> > History of vaccination with a primary course of three vaccinations (documentation not required). > Confirmation of immunity post-vaccination not required.
Rubella	<ul style="list-style-type: none"> > Documented serological evidence of rubella antibody (IgG) or > Documented evidence of two rubella-containing vaccines at least 1 month apart or > Born before 1966 or > Documented laboratory evidence of past infection. > Confirmation of immunity post-vaccination not required.
Tetanus	<ul style="list-style-type: none"> > Documented evidence of a booster dose of tetanus-containing vaccine in the last 10 years. > Confirmation of immunity post-vaccination not required.