



Record of Immunisation and Provider Declaration

TIMS 008 – PMS-001-036 Record of Immunisation and Provider Declaration

Section 1.

Instructions

- Please complete this form and obtain as much of the required documentation as possible.
- Please bring this form to interview with all supporting documentation. If you do not have all documentation, you will need to be reviewed by your local Doctor to complete the Certificate of Compliance in Section 2. The Certificate of Compliance is only required if you are unable to provide evidence of immunity.
- You will be required to present this Questionnaire and supporting document to us once completed.

Surname:	First Name:
Contact Number:	Preferred Name:
Address:	
Post Code:	
Preferred Email:	Date of Birth:
Position Applied for:	

1. Hepatitis B virus (HBV)

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)?

YES, you are considered immune to HBV
 Documentation required:
 Blood test results indicating titre level

<p>Immunisation Provider use</p> <p>Date of test:</p> <p>Result:</p>

NO, you need to see your immunisation provider to commence/complete the hepatitis B vaccination course. You can be accepted for a 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.

DON'T KNOW, you need to see your doctor to have a blood test to check your immunity.
 >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.



Record of Immunisation and Provider Declaration

TIMS 008 – PMS-001-036 Record of Immunisation and Provider Declaration

2. Measles, Mumps, Rubella (MMR)

2a. Were you born before 1966?	<input type="checkbox"/> YES , measles, mumps and rubella vaccination not required. Go to 3	<input type="checkbox"/> NO , go to 2b
2b. Do you have evidence of vaccination with at least 2 doses of a MMR vaccine?	<input type="checkbox"/> YES , you are considered immune to measles, mumps and rubella. Go to 3. Documentation required <input type="checkbox"/> Vaccination record for both doses <div style="border: 1px solid black; padding: 5px;"> Immunisation Provider use Date of test: Result: </div>	<input type="checkbox"/> NO go to 2c
2c. Do you have evidence of immunity to measles, mumps and rubella infection (laboratory evidence of past infection or immunity)?	<input type="checkbox"/> YES , you are considered immune to measles, mumps and rubella. Documentation required <input type="checkbox"/> Blood test result indicating immunity for measles, mumps and rubella <div style="border: 1px solid black; padding: 5px;"> Immunisation Provider use Date of test: Measles result: Mumps result: Rubella result: </div>	<input type="checkbox"/> NO or DON'T KNOW , you need to see your immunisation provider to commence/complete the MMR vaccine course. >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?	<input type="checkbox"/> YES , you are considered immune to chickenpox. Go to 4. Documentation not required	<input type="checkbox"/> NO , go to 3b
3b Have you had a blood test showing immunity to chickenpox?	<input type="checkbox"/> YES , you are considered immune to chickenpox. Go to 4. Documentation required <input type="checkbox"/> Blood test result showing immunity to chickenpox. <div style="border: 1px solid black; padding: 5px;"> Immunisation Provider use Date of test: Result: </div>	<input type="checkbox"/> NO , go to 3c



Record of Immunisation and Provider Declaration

TIMS 008 – PMS-001-036 Record of Immunisation and Provider Declaration

<p>3c. Have you had two doses of a varicella-containing vaccine (or one dose if given before 14 years of age)?</p>	<p><input type="checkbox"/> YES, you are considered immunise to chicken pox. Documentation required</p> <p><input type="checkbox"/> 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;"> <p>Immunisation Provider use</p> <p>Dose 1 Date:</p> <p>Dose 2 Date:</p> </div>	
--	--	--

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) AND had a booster dose of dTpa vaccine in the last 10 years?</p>	<p><input type="checkbox"/> YES, you are considered immune to diphtheria, tetanus and pertussis. Documentation required</p> <p><input type="checkbox"/> Vaccination record for the most recent booster dose.</p> <div style="border: 1px solid black; padding: 5px;"> <p>Immunisation Provider use</p> <p>Booster Date:</p> </div> <p>Documentation not required for the primary course.</p>	<p><input type="checkbox"/> NO or DON'T KNOW, >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.</p>
---	---	---

5. Influenza

<p>Have you had the seasonal influenza vaccine this year?</p>	<p><input type="checkbox"/> YES. Documentation not required</p> <div style="border: 1px solid black; padding: 5px;"> <p>Immunisation Provider use</p> <p>Vaccine Date:</p> </div>	<p><input type="checkbox"/> NO or DON'T KNOW, it is highly recommended that you have a seasonal influenza vaccination from your immunisation provider every year, for all settings. This is a mandatory requirement for those working in aged care settings.</p>
---	--	--

6. Covid-19

<p>Have you had Covid vaccine/s?</p>	<p><input type="checkbox"/> YES</p> <div style="border: 1px solid black; padding: 5px;"> <p>Immunisation Provider use</p> <p>Dose 1 Date:</p> <p>Dose 2 Date:</p> <p>Dose 3 Date:</p> <p>Dose 4 Date:</p> </div>	<p><input type="checkbox"/> NO or DON'T KNOW, it is highly recommended that you have the Covid vaccination.</p>
--------------------------------------	---	---

7. Poliomyelitis

<p>Have you received a full 3 dose course of polio vaccination (by mouth or by injection) usually given in childhood?</p>	<p><input type="checkbox"/> YES, no further action required. Documentation not required.</p>	<p><input type="checkbox"/> 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.</p>
---	--	---



Record of Immunisation and Provider Declaration

TIMS 008 – PMS-001-036 Record of Immunisation and Provider Declaration

8. Hepatitis A

<p><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></p> <p>Have you received 2 doses of hepatitis A vaccine, at least 6 months apart?</p>	<p><input type="checkbox"/> YES, you are considered immune to hepatitis A. Documentation required</p> <p><input type="checkbox"/> Vaccination record</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><input type="checkbox"/> 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.</p>
--	--	---

APPLICANT'S DECLARATION AND AUTHORITY

I declare that the information provided by me on this record is true and complete to the best of my knowledge. I make this declaration, knowing that to purposefully mislead an employer in this regard may be ground for severe disciplinary action, including dismissal and could constitute an offence under the Occupational Health, Safety and Welfare Act, 1986.

Name: _____ Date: _____

The completion of the form is based on unverified information provided by the employee. We will not be held responsible for errors or omissions, or for any damages arising from such errors or omissions.



Section 2.

CERTIFICATE OF COMPLIANCE

Health Care Worker Immunisation Compliance

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 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:

VPD	Immune Status		Blood test result or date vaccination given (to be completed following review of Screening Questionnaire)			
	Immunity confirmation by	Not Immune				
Chickenpox (varicella-zoster)	<input type="checkbox"/> History of past infection	<input type="checkbox"/> Vaccination record <input type="checkbox"/> Blood test result	Blood test result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune			
	<input type="checkbox"/> Blood test result		Vaccine (dose 1) given	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date:
	<input type="checkbox"/> Vaccination record		Vaccine (dose 2) given	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date:
Diphtheria, tetanus and pertussis	<input type="checkbox"/> Vaccination record of booster dose in last 10 years	<input type="checkbox"/> Vaccination Recommended	Vaccination booster given:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date:
Poliomyelitis	<input type="checkbox"/> Vaccination history	<input type="checkbox"/> Vaccination Recommended	Primary vaccination course started:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Measles, mumps and rubella	<input type="checkbox"/> Vaccination record	<input type="checkbox"/> Vaccination Recommended	Vaccine (dose 1) given	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date:
	<input type="checkbox"/> Blood test result		Vaccine (dose 2) given	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date:
	<input type="checkbox"/> Born before 1966					



Record of Immunisation and Provider Declaration

TIMS 008 – PMS-001-036 Record of Immunisation and Provider Declaration

Hepatitis B	Blood test results	Serological testing recommended Vaccination recommended	Blood test result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune			
			Vaccine (dose 1) given	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date:
			Vaccine (dose 2) given	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date:
			Vaccine (dose 3) given	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date:
Hepatitis A Recommended for HCWs working in remote Indigenous communities, with Indigenous children or people with developmental disabilities.	<input type="checkbox"/> History of past infection <input type="checkbox"/> Blood test result <input type="checkbox"/> Vaccination record	<input type="checkbox"/> Vaccination record <input type="checkbox"/> Blood test result	Blood test result: <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune			
			Vaccine (dose 1) given	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date:
			Vaccine (dose 2) given	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date:

Authorised Immunisation Provider Declaration

<input type="checkbox"/> In Process The above-named person has commenced a course of vaccination (as indicated above) and will require further follow up.	Practice Stamp or Address Here	<input type="checkbox"/> Compliant The above-named person has acceptable evidence of immunity to the vaccine-preventable diseases noted above.	Practice Stamp or Address Here
Provider No:	Name:	Provider No:	Name:
Signature:	Date:	Signature:	Date: