

Vaccination Record Card for Category A Workers

Personal Details (please print)

Please refer to instructions on page 3

Surname			Given Names	
Address				
	State:	P/code:	Date of Birth	
Staff ID - If known				
Email				
Contact Numbers	Mobile:		Work:	
Medicare Number	_____		Position on card: __	Expiry date: __ / __ / __

Vaccine	Date	Batch name and Batch No. (where possible)	Official Certification by Vaccination Provider (clinic/practice stamp, full name and signature next)
Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine (adult dose of dTpa vaccine)			
Dose 1			
Booster 10 years after previous dose			
Booster 10 years after previous dose			
Hepatitis B vaccine (age appropriate course of vaccinations AND hepatitis B surface antibody \geq 10mIU/mL OR core antibody positive)			
Dose 1			
Dose 2	<input type="checkbox"/> Tick for adolescent course		
Dose 3			
AND			
Serology: anti-HBs (Numerical value)		Result mIU/mL	
		Result mIU/mL	
OR Serology: anti-HBc		Positive Negative	
Measles, Mumps and Rubella (MMR) vaccine (2 doses of MMR vaccine at least 1 month apart OR Positive Serology for measles, mumps and rubella OR IF - Birth date before 1966 Serology is NOT REQUIRED following completion of a documented MMR vaccination course.)			
Dose 1			
Dose 2			
OR			
Serology Measles		IgG Result	
Serology Mumps		IgG Result	
Serology Rubella (include numerical value and immunity status as per lab report)			
		IgG Result	
Varicella vaccine (age appropriate course of vaccination OR positive serology OR AIR history statement that records natural immunity to chickenpox) Serology is NOT REQUIRED following completion of a documented varicella vaccination course.			
Dose 1	<input type="checkbox"/> Tick if given prior to 14 years		
Dose 2			
OR			
Serology Varicella		IgG Result	

Personal Details (please print)

Surname		Given name:	
Date of Birth		Staff/student ID	
Contact	Mobile:	Work:	

Varicella vaccine (age appropriate course of vaccination **OR** positive serology **OR** AIR history statement that records natural immunity to chickenpox)

OR			
Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox	AIR Statement Sighted		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

TB Screening	Date	Batch No. (where possible) or Result	Assessed by/Given by/Read by (clinic/practice stamp, full name and signature)
Requires TB screening?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Past vaccination BCG		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Interferon Gamma Release Assay (IGRA) (circle test result)			
IGRA		Positive Indeterminate Negative	
IGRA		Positive Indeterminate Negative	
Tuberculin Skin Test (TST) - TB Service/Chest Clinic only			
TST Administration			
TST Reading		Induration mm	
TST Administration			
TST Reading		Induration mm	
Referral to TB Service/ Chest Clinic for TB Clinical Review required?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
TB Clinical Review			
Chest X-ray			
Other			
TB Compliance - TB Service/Chest Clinic or OASV Assessor (circle correct response)			
TB Compliance Assessment		Compliant Temporary Compliance Non-compliant	
TB Compliance Assessment		Compliant Temporary Compliance Non-compliant	

Disease	Evidence of vaccination	Documented serology results	Other evidence
Diphtheria, tetanus, pertussis (whooping cough)	<input type="checkbox"/> One adult dose of pertussis containing vaccine (dTpa) 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>an accelerated course is not acceptable.</u>	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL Serology must be at least 4 weeks after completing the hepatitis B vaccine 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 Serology is NOT REQUIRED following completion of a documented MMR vaccination course.	<input type="checkbox"/> Positive IgG for measles, mumps and rubella [‡]	<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. <u>Serology is NOT REQUIRED following completion of a varicella vaccination course</u>)	<input type="checkbox"/> Positive IgG for varicella [‡] <input type="checkbox"/>	<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 [‡] <input type="checkbox"/>
Tuberculosis (TB) <i>* For those assessed as requiring screening</i>	<input type="checkbox"/> Not applicable	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

Instructions for General Practitioners

- Providers should record their full name, signature, date specific vaccine given and official provider stamp at the time of vaccine administration.
- Record batch numbers 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.
- For medical contraindications, attach a copy of the Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011) and AIR Immunisation History Statement with the recorded medical contraindication.

Attach another card if additional recording space is required.

NOTE: Employment will not commence until this card has been completed by your treating doctor