

Vaccination Record Card for Health Care Workers and Students



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	(work)		(Medicare number) _____	Position on card _____

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

Dose 1			
Booster <i>10 years after previous dose</i>			

Hepatitis B vaccine *(age appropriate course of vaccinations AND hepatitis B surface antibody ≥ 10mIU/mL OR core antibody positive)*

Dose 1			
Dose 2			
Dose 3			

AND

Serology: anti-HBs		Result	mIU/mL
OR		Result	mIU/mL
Serology: anti-HBc		Positive	Negative

Influenza vaccine (strongly recommended for all health care workers & **mandatory** for Category A High Risk health care workers)

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 (include numerical value and immunity status as per lab report)		IgG Result	

Varicella vaccine *(age appropriate course of vaccination OR positive serology)*

Dose 1			
Dose 2			
OR Serology Varicella		IgG Result	

TB Screening	Date	Batch No. or Result	Given by/Read by <i>(clinic/practice stamp, full name and signature)</i>
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Requires TB screening?	No	IGRA	TST <i>(please circle)</i>
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Interferon Gamma Release Assay (IGRA) via GP or TB Service/Chest Clinic

IGRA		Positive	Indeterminate	Negative
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Tuberculin Skin Test (TST) - via TB Service/Chest Clinic

TST Reading		Induration	mm	History of BCG vaccination YES / NO <i>(please circle)</i>
TST Reading		Induration	mm	

Further TB investigations indicated? Yes / No *(please circle)* **Referred to TB Service/Chest Clinic? Yes / No** *(please circle)*

Chest X-ray			
Other			

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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.
- Attach another card if additional recording space is required.

Evidence required for Category A Staff

Disease	Evidence of vaccination	Documented serology results	Notes
Diphtheria, tetanus, pertussis (whooping cough)	<input type="checkbox"/> One <u>adult</u> dose of pertussis-containing vaccine (dTpa) ¹ in the previous 10 years Do not use ADT vaccine as it does not contain the pertussis component	Serology must not be accepted	
Hepatitis B	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine AND Not “accelerated” course	<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
Measles, mumps, rubella (MMR)	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart	<input type="checkbox"/> Positive IgG for measles, mumps and rubella ²	<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)	<input type="checkbox"/> Positive IgG for varicella ³	
Tuberculosis (TB) * For those assessed as requiring screening	Not applicable	<input type="checkbox"/> Interferon Gamma Release Assay (IGRA) + Clinical review for positive results	<input type="checkbox"/> Tuberculin skin test (TST) + Clinical review for positive results
<i>Influenza vaccine</i>	<i>Strongly recommended for all health care workers & mandatory for Category A High Risk health care workers</i>		

*TB screening (TST or IGRA) required if the person was born in a country with high incidence of TB, or has resided or travelled for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx

¹ Serology must not be performed to detect pertussis immunity.

² Serology is only required for MMR protection if vaccination records are not available and the person was born during or after 1966.

³ A history of Varicella disease must not be accepted.