# Vaccination Record Card for Health Care Workers and Students

**Personal Details** (please print)

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given names</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>State:</th>
<th>P/code:</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Email</th>
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<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>(work)</td>
</tr>
<tr>
<td>--------</td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

## Vaccines

### Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine (adult dose of dTpa vaccine)
- **Dose 1**
- **Booster**
  - 10 years after previous dose

### 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: mlU/mL
  - **Result**: mlU/mL
- OR
  - Serology: anti-HBc
  - Result: 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**

### Varicella Screening
- **Screening Date**: Date
- **Batch No. or Result**: Batch No. or Result
- **Given by/Read by**: (clinic/practice stamp, full name and signature)

### TB Screening
- **Requires TB screening?**: No
- **IGRA TST (please circle)**
  - Positive
  - Indeterminate
  - Negative
- **Tuberculin Skin Test (TST) - via TB Service/Chest Clinic**
  - **TST Reading**
    - Induration: mm
    - History of BCG vaccination: YES / NO (please circle)
  - **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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Evidence of vaccination</th>
<th>Documented serology results</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus, pertussis (whooping cough)</td>
<td>One adult dose of pertussis-containing vaccine (dTPa)(^1) in the previous 10 years</td>
<td>Serology must not be accepted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do not use ADT vaccine as it does not contain the pertussis component</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>History of completed age-appropriate course of hepatitis B vaccine</td>
<td>Anti-HBs greater than or equal to 10mIU/mL</td>
<td>Documented evidence of anti-HBc, indicating past hepatitis B infection</td>
</tr>
<tr>
<td></td>
<td><strong>Not &quot;accelerated&quot; course</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>2 doses of MMR vaccine at least one month apart</td>
<td>Positive IgG for measles, mumps and rubella(^2)</td>
<td>Birth date before 1966</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>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)</td>
<td>Positive IgG for varicella(^1)</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis (TB)</td>
<td><strong>Not applicable</strong></td>
<td>Interferon Gamma Release Assay (IGRA)</td>
<td>Tuberculin skin test (TST) + Clinical review for positive results</td>
</tr>
<tr>
<td></td>
<td></td>
<td>+ Clinical review for positive results</td>
<td></td>
</tr>
</tbody>
</table>

Influenza vaccine: Strongly recommended for all health care workers & mandatory for Category A High Risk health care workers

\(^1\) 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.

*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

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