

# Vaccine preventable diseases evidence form

To be completed by the applicant with evidence attached

This form is to be used only if you (the applicant) have acceptable forms of evidence as per the list of acceptable forms in the table below of a completed course of vaccination or that you are not susceptible to the specified vaccine preventable diseases for your position.

Please complete the details on the form – **one (1) box must be ticked for each disease.**

You must **attach a copy of the evidence** relating to each vaccine preventable disease (each row of the table). Statutory declarations from applicants will not be accepted.

**You will not be able to meet the conditions of employment if evidence is not attached for the specified VPDs specific to your role as listed below.** If you do not have evidence for each disease listed, please take the "[Vaccine preventable diseases evidence certification form](#): To be completed by the applicant's health care provider" to a General Practitioner (GP) or a vaccine service provider (such as an immunisation clinic) to have the required vaccination/s or blood test/s in order to provide evidence.

Surname:				
First name:				
Date of birth:			Phone number:	
Address:				
Email:				
Job Reference No.:				
Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence	Clinical Assessment
Measles, Mumps, and Rubella	<input type="checkbox"/> <b>ATTACH EVIDENCE</b> of two documented doses of MMR vaccine at least one month apart Date dose 1: ___/___/___ Date dose 2: ___/___/___	<input type="checkbox"/> <b>ATTACH EVIDENCE</b> of blood test results showing immunity (positive IgG) for each of measles, mumps, and rubella <sup>1</sup>	<input type="checkbox"/> Birth date before 1966	Compliant (circle): Yes / No  Initial: _____ OR <input type="checkbox"/> Partially compliant
			<input type="checkbox"/> Partial course of MMR vaccine <sup>2</sup> Date of dose 1: ___/___/___	
Pertussis	<input type="checkbox"/> <b>ATTACH EVIDENCE</b> of documented history of one adult dose of dTpa within the past ten years Date of dose: ___/___/___	Not applicable	Not applicable	Compliant (circle): Yes / No  Initial: _____



Disease	Evidence of vaccinations	Documented serology results	Other acceptable evidence	Clinical Assessment
Varicella	<input type="checkbox"/> <b>ATTACH EVIDENCE</b> of documented history of age appropriate course of varicella vaccination <sup>3</sup> (including zoster)  Date dose 1: ___/___/___  Date dose 2*: ___/___/___ (*if course is initiated after age 14).	<input type="checkbox"/> <b>ATTACH EVIDENCE</b> of blood test showing positive IgG for varicella <sup>1</sup>	<input type="checkbox"/> <b>ATTACH EVIDENCE</b> of documented history of physician-diagnosed chickenpox or shingles <sup>4</sup>	Compliant (circle): Yes / No  Initial: _____  OR <input type="checkbox"/> Partially compliant
			<input type="checkbox"/> Partial course of varicella vaccine <sup>5</sup>  Date of dose 1: ___/___/___	
Hepatitis B	<input type="checkbox"/> <b>ATTACH EVIDENCE</b> of documented history of two or three age appropriate course of hepatitis B vaccine <sup>6</sup>  Date dose 1: ___/___/___  Date dose 2: ___/___/___  Date dose 3: ___/___/___	<input type="checkbox"/> <b>ATTACH EVIDENCE</b> of blood test results showing immunity to hepatitis B (Anti-HBs greater than or equal to 10 IU/mL <sup>7</sup> )	<input type="checkbox"/> <b>ATTACH EVIDENCE</b> that the individual is not susceptible to hepatitis B <sup>8</sup>	Compliant (circle): Yes / No  Initial: _____  OR <input type="checkbox"/> Partially compliant
			<input type="checkbox"/> Partial course of Hepatitis B vaccine <sup>9</sup>  Date of dose 1: ___/___/___  Date of dose 2: ___/___/___	

### Privacy Notice

Personal information collected by Queensland Health is handled in accordance with the *Information Privacy Act 2009*. Queensland Health is collecting personal information in accordance with the *Information Privacy Act 2009* in order to meet its obligations to provide a safe workplace. All personal information will be securely stored and only accessible by authorised Queensland Health staff.

Your personal information will not be disclosed to any other third parties without consent, unless required by law. If you choose not to provide your personal information, you will not meet the condition of employment.

For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at [www.health.qld.gov.au](http://www.health.qld.gov.au)

### Consent

I consent to the recruitment panel/human resources department giving personal information in this form to other areas within the Queensland public sector health system (including the Department of Health and Hospital and Health Services) for workforce planning and for outbreak management planning and response. This may include line managers and infection control units.

Applicant please complete:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## **The Australian Immunisation Handbook 10<sup>th</sup> Edition (updated June 2015) brand names of vaccines are as follows:**

### **Hepatitis B**

Brand names of hepatitis B vaccines are:

- H-B-Vax II (adult or paediatric formulation)
- Engerix-B (adult or paediatric formulation)

Brand names of combination vaccines containing hepatitis B vaccine are:

- Infanrix hexa (diphtheria, tetanus, pertussis, Haemophilus influenzae type b, Hepatitis B, polio)Twinrix/Twinrix Junior (hepatitis A, hepatitis B)
- ComVax (Haemophilus influenza type B, hepatitis B)<sup>10</sup>
- Infanrix hep B (diphtheria, tetanus, pertussis, acellular, hep B)<sup>10</sup>

### **Measles, Mumps, Rubella**

Brand names of MMR vaccine are:

- M-M-R-II
- Priorix

Vaccines that contain measles, mumps, rubella and varicella (chickenpox) vaccines are:

- Priorix-tetra
- ProQuad

### **Varicella**

- Varilrix
- Varivax

Brand names of combination vaccine containing varicella vaccine are:

- Priorix-tetra
- ProQuad

Brand name of zoster vaccine:

- Zostavax.

### **Footnotes and further information:**

1. Positive IgG (Immunoglobulin G) indicates evidence of serological immunity, which may result from either natural infection or immunisation
2. Pre offer of employment requires minimum of one dose of Measles, mumps, rubella (MMR) vaccine course and second dose to be administered within three months of commencement. The applicant will be required to commit to completing the full course.
3. Two doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person received their first dose before 14 years of age).
4. Letters from medical practitioners or other vaccine service providers should state the date chickenpox or shingles was diagnosed and should be on practice/facility letterhead, signed by the provider/practitioner including professional designation and service provider number (if applicable).
5. Pre offer of employment requires minimum of one dose of Varicella (chickenpox) vaccine course and second dose (if required) to be administered within three months of commencement. The applicant will be required to commit to completing the full course.
6. Hepatitis B vaccine is usually given as a 3 dose course with 1 month minimum interval between 1st and 2nd dose, 2 months minimum interval between 2nd and 3rd dose and 4 months minimum interval between 1st and 3rd dose. For adolescents between the ages of 11-15 hepatitis B vaccine may be given as a two dose course, with the two doses 4-6 months apart.
7. Anti-HBs (hepatitis B surface antibody) greater than or equal to 10 IU/mL indicates immunity. If the result is less than 10 IU/mL (<10 IU/mL), this indicates lack of immunity
8. Letter from a medical practitioner, vaccine service provider or other health professional acceptable to the HHS or the Department with a statement that the individual is not susceptible to hepatitis B. Such a letter should be on practice/facility letterhead, signed by the provider/practitioner, and including their professional designation, service provider number (if applicable) and practice stamp. Other documented evidence that an individual is not susceptible to hepatitis B infection may include serology testing indicating a hepatitis B core antibody (Anti-HBc /HBcAb), or a documented history of past hepatitis B infection. Applicants (including students and volunteers) who are hepatitis B antigen positive do not have to disclose their hepatitis B infection status unless they perform exposure-prone procedures (see Guideline for the management of Human Immunodeficiency Virus (HIV), hepatitis B virus, and hepatitis C virus infected healthcare workers).
9. Pre offer of employment requires minimum of two doses of Hepatitis B vaccine course and third dose to be administered within six months of commencement. The applicant will be required to commit to completing the full course.
10. ComVax and Infanrix hexa are brand names of vaccine not in the updated Australian Immunisation Handbook 10th Edition (updated June 2015). These are vaccines that were included in previous immunisation schedules. Internationally administered vaccine may have a different brand name.