

Appendix 5

Vaccine preventable diseases evidence form

To be completed by the applicant

This form is to be used only if you (the candidate) have acceptable forms of evidence as listed in the table below. **Please note – the preferred form of evidence is evidence of vaccination.**

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). All supporting evidence must adequately display the employment candidate's personal identification details. Statutory declarations from employment candidates will not be accepted. Where this evidence is not in English, translation of the evidence is the responsibility of the applicant.

You will not be able to meet the conditions of employment if evidence is not attached for the specified vaccine preventable diseases specific to your role as listed below. All sections of this form must be completed.

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.

Any cost associated with further medical consultation or further vaccination are the responsibility of the applicant.

Brand name listings contained in this document are not necessarily comprehensive. Vaccines may have different brand names in other countries. Employment candidates may have been vaccinated with vaccines that are no longer available. Where doubt exists, please seek clarification from your prospective manager, GP or local public health unit.

Please print

Surname:	
First name:	
Date of birth:	Phone number:
Address:	
Email:	
Medicare Number:	
Job Reference No.:	

The privacy notice must be completed by the employment candidate

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.

Consent to search databases

I do / do not consent to the recruitment panel, Hospital and Health Service staff health and/or infection control units searching the following databases for additional immunisation records that will assist the complete assessment of my immunisation needs for occupational health purposes whilst employed. If you choose not to give consent to search databases, this may not affect your offer of employment but further information will be sought to ensure the VPD requirements are met.

- QH Pathology records (ONLY for previous serology related to immunisation assessment)
- The Australian Immunisation Register (AIR)
- QH Staff Protect Application

Candidate please complete:

Name: _____ Date: _____

Signature: _____

Consent to pass information

I do / do not consent to the recruitment panel/human resources department passing on relevant health information to the Hospital and Health Service staff health and/or infection control units. Providing consent will allow appropriate management of staff health vaccination programs and outbreak management. This information will be stored in a secure database that can only be accessed by authorized Queensland Health staff. If you choose not to allow your information to be passed on to staff health and/or infection control units, this will not affect your offer of employment.

Candidate please complete:

Name: _____ Date: _____

Signature: _____

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

Disease	Evidence of vaccination (preferred)	Documented serology results	Other acceptable evidence	Clinical Assessment QH Use only
Hepatitis B	ATTACH EVIDENCE of documented history of 2 or 3 (or 4) age-appropriate course of hepatitis B vaccine Date dose 1: ____/____/____ Date dose 2: ____/____/____ Date dose 3: ____/____/____ Date dose 4: (Accelerated course only) ____/____/____	ATTACH EVIDENCE of blood test results showing immunity to hepatitis B OR Anti-HBs \geq 10 IU/L indicates immunity Anti-HBs $<$ 10 IU/L indicates not immune	ATTACH EVIDENCE that the individual is not susceptible to hepatitis B OR Partial course of Hepatitis B vaccine Date of dose 1: ____/____/____ Date of dose 2: ____/____/____	Compliant (circle): Yes / No Initial: _____ OR Partially compliant Due date dose 3: ____/____/____ (at least 2 months since the 2nd dose and 4 months since the first)

- **Note:** Hepatitis B containing vaccine brand names include, 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) and Infanrix hep B (diphtheria, tetanus, pertussis, acellular, hep B). This list is not exhaustive.
- Age-appropriate vaccination schedules:
 - Adult (\geq 20 years of age) schedule consists of 3 doses with a minimum of 4 weeks between dose one and 2, a minimum of 2 months between dose 2 and 3 with a minimum interval of 4 months between doses one and 3.
 - A schedule with a minimum interval of 3 months between dose one and 3 was recommended prior to July 2013 and is acceptable if the course was completed before this.
 - Childhood ($<$ 20 years of age) schedule is 3 doses of **paediatric** hepatitis B containing vaccine which consists of a minimum interval of 4 weeks between dose one and 2, a minimum interval of 2 months between dose 2 and 3 with a minimum interval of 4 months between doses one and 3.
 - Adolescent (11–15 years of age) schedule is 2 doses of **adult** hepatitis B vaccine administered 4 to 6 months apart.
- At least 2 doses of hepatitis B containing vaccine are required to be partially compliant. If partially compliant, continued employment is contingent on completing the schedule within the timeframe specified in the [Australian Immunisation Handbook](#).
- A note about accelerated courses which require 4 doses not 3 - An accelerated course is one of two courses: 1st dose: day 0, 2nd dose: one month post first dose, 3rd dose 2 months after 1st dose, 4th dose 12 months after 1st dose OR 1st dose: day 0, 2nd dose: 7 days after 1st dose, 3rd dose: 21 days after 1st dose, 4th dose: 12 months after 1st dose.

Disease	Evidence of vaccination (preferred)	Documented serology results	Other acceptable evidence	Clinical Assessment QH use only
Measles, Mumps, and Rubella	<input type="checkbox"/> ATTACH EVIDENCE of 2 documented doses of MMR vaccine at least 4 weeks apart Date dose 1: _____/_____/_____ Date dose 2: _____/_____/_____	<input type="checkbox"/> ATTACH EVIDENCE of blood test results showing immunity (positive IgG) for each of measles, mumps, and rubella.	<input type="checkbox"/> Birth date before 1966 <input type="checkbox"/> Partial course of MMR vaccine Date of dose 1: _____/_____/_____	Compliant (circle): Yes / No Initial: OR " Partially compliant Dose 2 due: _____/_____/_____ (4 weeks after dose 1)
<p>Notes: Brand names of MMR vaccine include M-M-R-II & Priorix. Vaccines that contain measles, mumps, rubella and varicella (chickenpox) vaccines include Priorix-tetra & ProQuad. This list is not exhaustive.</p> <p>For IgG results that are "low level immunity," "equivocal," "low positive," or any other result that is not clear, the candidate should seek further advice as they may not be immune.</p> <p>One documented dose of a measles, mumps and rubella vaccine is required for the candidate to be considered partially compliant. If partially compliant, continued employment is contingent on completing the course within 3 months of commencement.</p>				
Pertussis (whooping cough)	<input type="checkbox"/> ATTACH EVIDENCE of documented history of one adult dose of dTpa within the past 10 years Date of dose: _____/_____/_____	Not applicable	Not applicable	Compliant (circle): Yes / No Initial:
<p>Note: Evidence of vaccination with a pertussis containing vaccine within the last 10 years is the only acceptable evidence for vaccination against pertussis.</p> <p>Brand names of pertussis containing vaccines include Boostrix, Boostrix-IPV, Adacel, Adacel Polio, Hexaxim and Tripacel. This list is not exhaustive.</p>				

Disease	Evidence of vaccination (preferred)	Documented serology results	Other acceptable evidence	Clinical Assessment QH Use only
<p>Varicella (Chickenpox)</p> <p style="text-align: center;">OR</p> <p>Herpes zoster (Shingles)</p>	<p><input type="checkbox"/> ATTACH EVIDENCE of documented history of age-appropriate course of varicella vaccination</p> <p>Date dose 1: ____/____/____</p> <p>Date dose 2*: ____/____/____ (*Mandatory if course is initiated after age 14).</p> <hr/> <p><input type="checkbox"/> ATTACH EVIDENCE of documented history of age-appropriate zoster vaccination</p> <p>Date dose 1: ____/____/____</p> <p>Date dose 2:(Shingrix only) ____/____/____</p>	<p><input type="checkbox"/> ATTACH EVIDENCE of blood test showing positive IgG for varicella</p> <p style="text-align: center;">OR</p> <p>Results where IgG is denoted as “low positive”, “low level immunity”, “equivocal” or other serology result should be referred to an appropriate expert for advice.</p> <hr/> <p>Do not confuse IgG with IgM.</p>	<p><input type="checkbox"/> ATTACH EVIDENCE of documented history of physician-diagnosed chickenpox or shingles</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Partial course of varicella/Zoster vaccine</p> <p>Date of dose 1: ____/____/____</p>	<p>Compliant (circle): Yes / No</p> <p>Initial: _____</p> <hr/> <p>OR</p> <p>Partially compliant</p> <p>Due date dose 2: ____/____/____ (due 4 weeks after dose one OR 4–6 months for Shingrix)</p>

Note: Varicella containing vaccine brand names include Varilrix & Varivax. Brand names of combination vaccine containing varicella vaccine include Priorix-tetra & ProQuad. Brand name of zoster vaccines are Zostavax and Shingrix. This list is not exhaustive.

If a documented history of physician-diagnosed chickenpox or shingles is the evidence, the letter must be on practice letterhead, include the date of diagnosis, the designation and signature of the certifier and service provider number, where applicable.

Age-appropriate course for varicella (age at commencement of the course):

- <14 years of age – one dose (2 are recommended but not required)
- 14–59 years of age – 2 doses
- ≥60 years – one dose Zostavax OR 2 doses Shingrix

One dose of varicella containing vaccine when the candidate was 14 years of age or older is required to be partially compliant. If partially compliant, continued employment is contingent on completing the course within 3 months of commencement.