

Please refer to instructions on page 3

Surname		Given Names	
Address			
	State:	P/code:	Date of Birth
Staff/student ID			
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 to each entry)
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 ≥ 10mIU/mL OR core antibody positive)				
Dose 1				
Dose 2	☐ 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 MMR vaccine at least 1 month apart OR positive serology for measles, mumps and rubella OR 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	☐ 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 ☐ YES ☐ NO	
Vaccine	Date	Batch name and Batch No. (where possible)	Official Certification by Vaccination Provider (clinic/practice stamp, full name and signature)
Influenza vaccine (strongly recommended for all workers & mandatory for Category A workers and students)			
COVID-19 vaccine (Strongly recommended for all Category A workers)			

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?		☐ YES ☐ NO	
Past vaccination BCG		☐ YES ☐ 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?		☐ YES ☐ 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	

Vaccination Record Card for Category A Workers (including Students)

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.
 - 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.

Evidence required for Category A Staff

Disease	Evidence of vaccination	Documented serology results	Other evidence
COVID-19	It is strongly recommended to remain up to date with COVID-19 vaccinations as recommended for your age and health status by the Australian Immunisation Handbook .	Not applicable	
Diphtheria, tetanus, pertussis (whooping cough)	☐ One adult dose of pertussis containing vaccine (dTpa) ¹ 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	☐ History of completed age-appropriate course of hepatitis B vaccine AND 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>	☐ Anti-HBs greater than or equal to 10mIU/mL Serology must be at least 4 weeks after completing the hepatitis B vaccine course	☐ Documented evidence of anti-HBc, indicating past hepatitis B infection, and/or HBsAg+ OR
Measles, mumps, rubella (MMR)	☐ 2 doses of MMR vaccine at least one month apart <u>Serology is NOT REQUIRED following completion of a documented MMR vaccination course.</u>	☐ Positive IgG for measles, mumps and rubella ² OR	☐ Birth date before 1966 OR
Varicella (chickenpox)	☐ 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>)	☐ Positive IgG for varicella ³ OR ☐	☐ An Australian Immunisation Register (AIR) history statement that records natural immunity to chickenpox can also be accepted as evidence of compliance for varicella ³ ☐
Tuberculosis (TB) * For those assessed as requiring screening	☐ Not applicable	Interferon Gamma Release Assay (IGRA) + Clinical review for positive results by TB Service/Chest Clinic	OR Tuberculin skin test (TST) + Clinical review for positive results by TB Service/Chest Clinic
Influenza vaccine	One dose of current southern hemisphere seasonal influenza vaccine by 1 June each year	Not applicable	

*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 verbal history of Varicella disease must not be accepted.