



UNE STUDENT NURSE COMPLIANCE DOCUMENTS

Students must achieve compliance through NSW Health by week 6 of the trimester to be eligible to proceed to placement. Students need to send the following categories of documents to ClinConnect: HNELHD-ClinConnect@health.nsw.gov.au

Please note a number of these requirements take some time to complete, thus students are advised to follow compliance related rules promptly.

NSW Ministry of Health Requirements <i>(these documents must be sent to ClinConnect using from your UNE email. Please read the instructions in the following page very carefully before sending, and allow at least 2 weeks for any reply/ correspondence.)</i>	
Vaccination for Category A Healthcare workers * Please refer to the information provided on pp 2-4 of this handout for guidelines on acceptable evidence.	
NSW Health Forms (Attached): - NSW Health Undertaking/Declaration Form - TB Assessment Tool - Code of Conduct Agreement	
UNE Student ID * Ensure you select the option to have nursing student added to the ID. You will need to send a DOUBLE SIDED COLOUR copy of this document with your Immunisation information,	
National Police Check UNE Recommends two providers: - NSW police check if you are a NSW Resident, or -Australian Federal Police Check if you are currently out of state. Please ensure you send a DOUBLE SIDED COLOUR copy of this document with your Immunisation information	
International Police Check A police check from any country where the student has resided for longer than 6 months (or complete the Statutory Declaration for overseas applicants). <i>If you have not lived overseas for longer than 6 months then this is not required.</i> to send a DOUBLE SIDED COLOUR copy of this document with your Immunisation information.	

UNE specific requirements <i>(these documents must be uploaded into Inplace)</i>	
National Police Check * As Above please save this as a double sided PDF document in colour	
Working With Children Check * Free application online and pick up at a NSW Service Centre Note: WWCC is only uploaded into Inplace, interstate students can delay application until they travel to NSW. <i>Being interstate should not interfere with achieving compliance through NSW Ministry of Health.</i>	
Completion of UNE Student Declaration Module, This is available in the clinical portal on Moodle, students will obtain access once teaching commences.	

To be eligible to attend Clinical Placement in a NSW public health facility there are mandatory requirements to be met. These requirements are to protect you and to protect others. You are required to complete all

How to submit your documentation for assessment

Submit your completed documentation for processing at **least 6 weeks** prior to commencement of your clinical placement. If you are **not compliant 7 days prior to commencement of your clinical placement it will be automatically cancelled by the NSW Health ClinConnect System.**

Submit to **HNELHD-ClinConnect@health.nsw.gov.au**

All completed documents are to be combined into one PDF file as an email attachment. For greater efficiency with processing your documentation please use the file naming system. The file attachment should be named First and Last name and student ID number (e.g. Jane DOE 12345). In the subject line of the email again First and Last names and student ID number (e.g. Jane DOE 12345). **Only PDF attachment is accepted.** OneDrive, Dropbox, Google Drive, ZIP Files, JPEGs, PNGs will not be assessed. Only correspondence from your **education provider email address** will be accepted.

You will receive an automatic email reply to confirm your documents have been received. HNELHD ClinConnect Office process documentation for compliance for several education providers therefore your documentation will be processed in order of receipt. So don't delay completing your requirements for compliance.

Documentation required

Colour copies will only be accepted for assessment and with all documentation you must include a copy of your Student ID card.

1. Current Student ID Card
2. Australian National Criminal Record Check (NCRC) (TVET School based students do not require a police check and students under the age of 18 do not require one until they turn 18 years of age)
3. Record of Vaccination and Serological Confirmation of Protection
4. Completed and signed NSW Health Appendix 6: Undertaking/Declaration Form
5. Completed and signed NSW Health Appendix 7: Tuberculosis (TB) Assessment Tool
6. Completed and signed NSW Health Code of Conduct Agreement for Students Undertaking Clinical Placement
7. **ONLY** if you are studying MEDICINE, MIDWIFERY, PARAMEDICINE, DENTISTRY OR ORAL HEALTH. Completed and signed NSW Health Blood Born Virus Student Declaration Form

Students under the age of 18 years of age must have a parent/guardian sign their documentation

A. National Criminal Record Check (NCRC)

Please read PD2019_003 [Working with Children Checks and Other Police Checks \(nsw.gov.au\)](#)

You can apply for a check from an Australian State or Territory Police Force, an Australian Criminal Intelligence Commission accredited body or the Australian Federal Police.

[I need a check on myself | Australian Criminal Intelligence Commission \(acic.gov.au\)](#)

Students in NSW can apply for a Name Check – DOB – Student Placement Check - via this link [Police Check \(nsw.gov.au\)](#)

International students are also required to provide a National Police Check from their home country and any country they have resided in for a period exceeding six months when aged 18 years or more or if they cannot provide this police check, they can sign the Overseas Student Statutory Declaration which can be found in the policy directive PD2019_003 Appendix 3

B. Record of Vaccination and/or Serological Confirmation of Protection

Please read PD2020_017 [Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases \(nsw.gov.au\)](#) On pages 36 & 37 of the Policy Directive is the Appendix 4 Checklist: Evidence required from Category A Applicants, you are required to meet these requirements. More details for Hepatitis B requirement can be found in the Policy Directive on pages 22 - 24. Students who require TB Screening must commence the screening process before temporary compliance can be granted, refer to pages 15 – 18, 41, 42 & 43 of the policy.

Acceptable forms of vaccination and serology confirmation of protection

All evidence must include a minimum of 3 personal identifiers e.g. your full name, DOB and address
The vaccination evidence must include the full date when each vaccination was given, brand name or batch number of the vaccination.

- A vaccination record card which must only be completed by a doctor or nurse immuniser. Vaccination Record Card for Healthcare Workers and Students (VRC) are available from your education provider, on campus medical centre and some GP practices or can be downloaded and printed off. Link to [record-card-hcws-students.pdf \(nsw.gov.au\)](#)
- An immunisation history statement from the Australian Immunisation Register. Link to [Australian Immunisation Register - Services Australia](#)
- A childhood blue book or school vaccine card
- A detailed immunisation summary on letterhead from your doctor, signed by your doctor or nurse and dated to confirm it is an accurate and correct record

Serology/Blood Test Results can be recorded on a vaccination record card or serology reports are acceptable and must include the following details:

- Date the test was conducted
- Test results in words or numbers (whichever is applicable)
- Signature and name of the person who or is transcribing/reading test results and the practice/facility stamp

B1. The Undertaking Declaration Form (Appendix 6) is in the policy directive PD2020_017 page 40 (Please complete section 1-4 by ticking a box in the right hand column and date the form)

B2. The TB Assessment Tool (Appendix 7) is in the policy directive PD2020_017 page 41, 42 & 43 (Please check you have answered all parts of the tool and date the form)

B3. Hepatitis B Vaccination Declaration (Appendix 9) is in the policy directive PD2020_017 page 44 (Only an appropriately trained assessor can witness the vaccination declaration – Doctor/Nurse Immuniser) Link to digital copies of the above forms [Immunisation programs \(nsw.gov.au\)](#)

C. Code of Conduct Agreement

Please read PD2015_049 [NSW Health Code of Conduct](#) and sign the NSW Health Code of Conduct Agreement for Students Undertaking Clinical Placement. Click on the link below for The Code of Conduct Declaration form. **DO NOT** sign the form at the end of the policy directive. [Code-of-Conduct-Declaration-Form-October-2018.pdf \(nsw.gov.au\)](#) or [Microsoft Word - Code of Conduct Declaration Form - October 2018 \(nsw.gov.au\)](#)

D. Exposure Prone Procedures Declaration

(Only to be completed by MEDICINE, MIDWIFERY, PARAMEDICINE, DENTISTRY OR ORAL HEALTH STUDENTS) Please read and complete the declaration on page 18 PD2019_026 [Management of health care workers with a blood borne virus and those doing exposure prone procedures \(nsw.gov.au\)](#)

Further Information

NSW Health Education and Training (HETI) Clinical Placements Information Site [Student Compliance | HETI \(nsw.gov.au\)](#)



Evidence type		Comments
Diphtheria/tetanus/pertussis (dTpa) – you must provide a vaccination record, <u>blood test is not acceptable</u>		
	Vaccination received within the last 10yrs	This vaccine is also part of the school vaccination
Hepatitis B – one of these options of vaccination evidence is required <u>AND blood test results</u>		
Option 1	3 doses at ages 2, 4, & 6 months <u>OR</u>	You may have received either 3 doses as a baby <u>OR</u> 2 doses at high school <u>OR</u> 3 doses as an adult
Option 2	2 doses between ages 10-15 years (school) <u>OR</u>	
Option 3	3 adult doses <u>OR</u>	
Option 4	Hepatitis B Vaccination Declaration	<u>If all attempts fail to obtain vaccination record</u>
AND	Blood test for Hepatitis B surface antibodies	<u>Must have blood test as well as vaccinations.</u>
Measles/Mumps/Rubella – one of these options of evidence is required		
Option 1	2 doses <u>OR</u>	Blood test only if no record of vaccination. For rubella must record both numerical value and if immune or not
Option 2	IgG results for each virus <u>OR</u>	
Option 3	Born before 1966	
Varicella – one of these options of evidence is required		
Option 1	1 dose if given before the age of 14 years <u>OR</u>	Blood test only if no record of vaccination
Option 2	2 doses if given ≥14 years old <u>OR</u>	
Option 3	IgG results for varicella	
Influenza – Category A High Risk Staff/Students <u>ONLY</u>		
	Southern Hemisphere Influenza Vaccination received current year (before 1st June)	Refer to PD2020_017 pages 34, Appendix 1
Acceptable Evidence – one or some of these		
	NSW Health Vaccination Record Card for Health Care Workers / Students	The card must only be completed by a doctor/nurse immuniser and practice stamp applied
	Australian Immunisation Register (AIR) statement	Australian Immunisation Register - Services Australia
	Pathology Service Report (Blood test result report)	This evidence must be signed by a doctor/nurse immuniser, date & signed
	Letter from GP (on practice letterhead) detailing the specific vaccination and serology information / evidence or Vaccination Statement from GP Practice	This evidence must be signed by a doctor/nurse immuniser, dated & signed
	Childhood Immunisation Booklet (Blue book/School vaccination program card)	Remember to provide the personal details section

Appendix 6: Undertaking/Declaration Form

All new recruits/other clinical personnel/ students /volunteers / facilitators must complete each part of this document and Appendix 7 *Tuberculosis (TB) Assessment Tool* and provide a NSW Health Vaccination Record Card for Health Care Workers and Students and serological evidence of protection as specified in Appendix 4 *Checklist: Evidence required from Category A Applicants* and return these forms to the health facility as soon as possible after acceptance of position/enrolment or before attending their first clinical placement. (Parent/guardian to sign if student is under 18 years of age).

New recruits/other clinical personnel/ students /volunteers / facilitators will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Appendix 4 *Checklist: Evidence required from Category A Applicants* and submitted Appendix 7 *Tuberculosis (TB) Assessment Tool*. Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/duties.

The education provider/recruitment agency must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment. **The NSW Health agency** must assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

Part	Undertaking/Declaration (tick the applicable option)	√
1	I have read and understand the requirements of the NSW Health <i>Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy</i>	
2	a. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements, OR	
	b. (For existing workers only) I consent to assessment and I undertake to participate in the assessment, screening and vaccination process; however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.	
3	I have provided evidence of protection for hepatitis B as follows:	
	a. history of an age-appropriate vaccination course, <u>and</u> serology result Anti-HBs ≥ 10 mIU/mL OR	
	b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is < 10 mIU/mL (non-responder to hepatitis B vaccination) OR	
	c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ OR	
	d. I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in <i>The Australian Immunisation Handbook</i> , current edition) and provide a post-vaccination serology result within six months of my initial verification process.	
4	I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Appendix 5 <i>Specified Infectious Diseases: Risks and Consequences of Exposure</i>) and agree to comply with the protective measures required by the health service and as defined by PD2017_013 Infection Prevention and Control Policy.	
Declaration: I, _____, declare that the information provided is correct		
Full name:		Worker cost centre (if available):
D.O.B:		Worker/Student ID (if available):
Medicare Number:	Position on card: __	Expiry date: ____/____/____
Email:		
NSW Health agency / Education provider:		
Signature:		Date:

Tuberculosis (TB) Assessment Tool - writable

All **new** recruits, other clinical personnel, volunteers and students are required to complete this Tuberculosis Assessment Tool along with a NSW Health Record of Vaccination for Health Care Workers and Students and Attachment 6 Undertaking/Declaration Form. The healthcare worker/student should advise the NSW Health agency if they prefer to provide this information in private consultation with a clinician.

The **education provider** must forward a copy of this form to the health service for assessment.

The **NSW Health agency** will assess this form and decide whether TB screening or TB clinical review is required.

New recruits, other clinical personnel, volunteers and students can commence duties once they have submitted this form to the employing NSW Health agency **and** have been cleared of active TB disease **and** have completed TB testing when it is indicated by the information in this TB assessment tool. When employment commences prior to completing TB clinical review, failure to complete outstanding TB requirements within the appropriate timeframe may affect employment status.

Existing Category A staff, clinical personnel, volunteers and students who have spent more than 3 months in a country with high incidence of TB or have had known TB exposure since last TB assessment must complete a new TB Assessment Tool and re-submit this to their manager/education provider.

Please complete Part A, Part B and Part C

Part A: Symptoms requiring investigation to exclude active TB disease				
Do you currently have any of the following symptoms that are not related to an existing diagnosis or condition that is being managed with a doctor?			Yes	No
1.	Cough for more than 2 weeks?			
2.	Episodes of haemoptysis (coughing blood) in the past month?			
3.	Unexplained fevers, chills or night sweats in the past month?			
4.	Significant* unexpected weight loss over the past 3 months?	<small>*loss of more than 5% of body weight</small>		

If Yes to any of the questions in Part A:

- **Urgent TB Clinical Review required. The Health Agency undertaking this TB assessment should refer to the local TB Service/Chest Clinic** See link to list of NSW clinics and contact numbers on Page 2.
- **Clearance from TB Service/Chest Clinic is required before commencing clinical placement/employment**

Part B: Previous TB treatment or TB screening or increased susceptibility			Yes	No
1.	Have you ever been treated for active TB disease or latent TB infection (LTBI)?			
	<i>If Yes, please state the year and country where you were treated and provide documentation (if available) to the TB Service/Chest Clinic</i>	Year: _____ Country: _____		
2.	Have you ever had a positive Tuberculin skin test (TST) or Quantiferon blood test (IGRA)?			
	<i>If Yes, please provide copies of TB test results to the TB Service/Chest Clinic.</i>			
3.	Have you ever had a chest X-ray that was reported as abnormal?			
4.	Have you ever been referred to or reviewed in a TB Service/Chest Clinic in Australia?			
5.	Do you have any medical conditions that affect your immune system? <i>e.g. cancer, HIV, auto-immune conditions such as rheumatoid arthritis, renal disease, diabetes</i>			
6.	Are you on any regular medications that suppress your immune system?			

If Yes to any of the questions in Part B:

- **The Health Agency undertaking this TB assessment should contact the local TB Service/Chest Clinic for advice regarding TB screening or clinical review requirements to obtain TB compliance.** See link to list of clinics and contact numbers on Page 2.

Privacy Notice: Personal information about students and employees collected by NSW Health is handled in accordance with the Health Records and Information Privacy Act 2002. NSW Health is collecting your personal information to meet its obligations to protect the public and to provide a safe workplace as per the current Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases Policy Directive. All personal information will be securely stored and reasonable steps will be taken to keep it accurate, complete and up-to-date. Personal information recorded on this form will not be disclosed to NSW Health officers or third parties unless the disclosure is authorised or required by or under law. If you choose not to provide your personal information, you will not meet the condition of placement. For further information about how NSW Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.nsw.gov.au

Part C: TB exposure risk history

The following questions explore possible exposure to TB

1.	In what country were you born?		
	<i>If born overseas, in what year did you migrate to Australia?</i>		
2.	Is your country of birth on the list of high TB incidence countries? For a list of high TB incidence countries, please go to https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx	Yes	No
3.	Have you spent a total of three (3) months or more visiting or living in any country/ies with a high TB incidence? e.g. 2 months in country A + 1 month in country B = 3 months cumulative		
<i>If Yes, please list below the countries you have visited, the year of travel and duration of stay</i>			
	Country visited	Year of travel	Duration of stay <i>(please specify d/w/m)</i>
4.	Have you had direct contact with a person with pulmonary TB whilst infectious and where you were not wearing a P2/N95 mask?	Yes	No

If Yes to any of the questions in Part C, a record of TB infection status after the latest TB exposure risk is required.

The accepted tests are:

- Interferon Gamma Release Assay (IGRA) blood test. This test can be ordered by your doctor – pathology fees will apply. Blood draw for IGRA must be prior to or at least 4 weeks after a live vaccine, for example MMR or Varicella vaccination; or
- Tuberculin Skin Test (TST) performed at a specialist TB Service/Chest Clinic - requires 2-4 visits and there may be a cost involved. TST must be prior to or at least 4 weeks after a live vaccine, e.g. MMR or Varicella vaccination.

If the TB screening test is negative and there are no additional steps indicated by Part B of this assessment, TB compliance can be granted and clinical placement/employment can be attended.

If the TB screening test is positive, a chest X-ray and TB Clinical Review is required – please contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment. **Clearance from TB Service/Chest Clinic is required before commencing clinical placement/employment** See link to list of clinics and contact numbers below

There is no out-of-pocket expense for treatment of TB disease or LTBI in public health facilities in New South Wales

NOTE that any possible exposure to TB after this screening i.e. via overseas travel or workplace exposure, must be declared and another TB self-assessment tool must be re-submitted to your manager / education provider.

Your Personal Information

Family Name		Given Name(s)	
Date of Birth		Phone number	
Address			
Email			
Education Provider OR Employer		Student/Employee ID	
Course/Module of Study OR Place of Work			
Signature and Date			
	Signature	Date of completion of tool	

Appendix 9: Hepatitis B Vaccination Declaration

To be used where a hepatitis B vaccination record is not available

Section A: to be completed by the Declarant

I, _____, declare that

I have received an age-appropriate course of hepatitis B vaccine consisting of
 (insert number) vaccine doses.

The approximate year I was vaccinated against hepatitis B was _____

I do not have the record of vaccination because:

I make this declaration believing it to be true

Declared on: _____ [date]

[signature of declarant]

Section B: to be completed by the Assessor

An Assessor includes: a doctor, paramedic, registered nurse or enrolled nurse, who has training on the policy directive, interpretation of immunological test results and vaccination schedules.

Applying my clinical judgment, I am satisfied that the declarant's hepatitis B vaccination history and serology demonstrate compliance and long term protection.

Assessor name:

Assessor qualification:

Assessor signature:

Date:

STATUTORY DECLARATION OATHS ACT 1900, NSW, EIGHTH SCHEDULE

For overseas applicants or students – applicants for aged care work must use the Commonwealth Aged Care Statutory Declaration

I,,
[name, address and occupation of declarant]

do solemnly and sincerely declare that I ***do not have / have (listed below)** any criminal convictions/pending charges in my country of origin or any country, outside of Australia, which I have resided in for a period exceeding six months when aged 18 years or over.

Date of charge/conviction	Details of pending charge or conviction	Country	Penalty / Sentence

and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Declared at: on
[place] [date]

.....
[signature of declarant]

in the presence of an authorised witness, who states:

I,, a,
[name of authorised witness] [qualification of authorised witness]

certify the following matters concerning the making of this statutory declaration by the person who made it:

1. *I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. *I have known the person for at least 12 months OR *I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was

[describe identification document relied on]

.....
[signature of authorised witness]

.....
[date]

*** Cross out any text that does not apply**

NOTE 1.-A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 5 years – see section 25 of the *Oaths Act 1900 (NSW)*.

NOTE 2.-A statutory declaration under the *Oaths Act 1900 (NSW)* may be made only before a Justice of the Peace; a Legal Practitioner; a Judicial Officer; or a person authorised to witness a declaration in the jurisdiction in which it is sworn.

NOTE 3 - *identification document* means either a primary identification document within the meaning of the *Real Property Regulation 2008*, or a Medicare card, pensioner concession card, Department of Veterans' Affairs entitlement card or other entitlement card issued by the Commonwealth or a State Government, a credit card or account (or a passbook or statement of account) from a bank, building society or credit union, an electoral enrolment card or other evidence of enrolment as an elector, or a student identity card, or a certificate or statement of enrolment, from an educational institution.

Vaccination Record Card for Health Care Workers and Students



Personal Details (please print)

Please refer to instructions on page three

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 No. (where possible) or Brand name	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 $\geq 10\text{mIU/mL}$ OR core antibody positive)			
Dose 1			
Dose 2	<input type="checkbox"/> 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)			
Dose 1			
Dose 2			
Booster if required			
OR			
Serology Measles		IgG Result	
Serology Mumps		IgG Result	
Serology Rubella (include numerical value and immunity status as per lab report: Positive / Negative / Low level / Equivocal / Booster required)		IgG Result	
Varicella vaccine (age appropriate course of vaccination OR positive serology OR AIR history statement that records natural immunity to chickenpox)			
Dose 1	<input type="checkbox"/> Tick if given prior to 14 years		
Dose 2			
Booster if required			
OR			
Serology Varicella		IgG Result	
OR			
Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox		AIR Statement Sighted YES NO	

Vaccination Record Card for Health Care Workers and 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.
- 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 Adolescent course: two doses of adult vaccine, given 4 to 6 months apart, between 11-15 years of age Not “accelerated” course	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL Serology must be at least 4 weeks after the final booster, of a completed hepatitis B course	<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	<input type="checkbox"/> 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	<input type="checkbox"/> Interferon Gamma Release Assay (IGRA) + Clinical review for positive results by TB Service/Chest Clinic	<input type="checkbox"/> Tuberculin skin test (TST) + Clinical review for positive results by TB Service/Chest Clinic
<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 verbal history of Varicella disease must not be accepted.