



Students must achieve compliance through NSW Health prior to the commencement of any clinical placement. Students need to send the following categories of documents to ClinConnect: [HNELHD-ClinConnect@health.nsw.gov.au](mailto:HNELHD-ClinConnect@health.nsw.gov.au) (double sided, in colour and as 1 pdf).

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

|  |  |
|--|--|
| <p><b>NSW Ministry of Health Requirements</b> <i>(these documents must be sent to ClinConnect from your UNE email account only. Please read the instructions in the following pages very carefully before sending, and allow at least 3 weeks for any reply/ correspondence.)</i></p>  |  |
| <p><b>Vaccination for Category A Healthcare workers</b><br/>* Please refer to the information provided on pp 2-4 of this handout for guidelines on acceptable evidence.</p>  |  |
| <p><b>Influenza Vaccination</b><br/>*Students need to have received the yearly, Australian approved, influenza vaccine</p>   |  |
| <p><b>COVID19 Compliance (Evidence available from MyGov account)</b><br/>* Students need to have received 3 x Australian approved COVID19 vaccinations.<br/>* If exempt- please complete and send in the NSW Health <a href="#">contraindication form</a></p>  |  |
| <p><b>NSW Health Forms (Attached):</b><br/>- NSW Health Undertaking/Declaration Form<br/>- TB Assessment Tool<br/>- Code of Conduct Agreement</p>  |  |
| <p><b>UNE Student ID</b><br/>* 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,</p>   |  |
| <p><b>National Police Check</b> <b>(DO NOT USE AGED CARE AS THE PURPOSE FOR APPLYING FOR A NPC)</b><br/>Student placement check – Name and Date of Birth Check – UNE Recommends two providers:<br/>– <a href="#">NSW police check</a> if you are a NSW Resident, or<br/>– <a href="#">Australian Federal Police Check</a> if you are currently out of state. Please ensure you send a DOUBLE SIDED COLOUR copy of this document with your Immunisation information</p> |  |
| <p><b>International Police Check</b> <i>(please send as DOUBLE SIDED COLOUR copy)</i><br/>A police check from any country where the student has resided for longer than 6 months (or complete the <a href="#">Statutory Declaration</a> for overseas applicants). <i>If you have not lived overseas for longer than 6 months then this is not required.</i></p>  |  |
| <p><b>UNE specific requirements</b> <i>(these documents must be sent to your Year Manager via AskUNE)</i><br/>*Working with Children check</p>   |  |



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 components of the verification process.

**How to submit your documentation for assessment**

Submit your **fully completed documentation** for processing at **least 8 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.

***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 a combined 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

Submit to [HNELHD-ClinConnect@health.nsw.gov.au](mailto:HNELHD-ClinConnect@health.nsw.gov.au)

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. It is your responsibility to have all documentation fully completed to meet NSW Health compliance in ClinConnect to attend Clinical Placement.

**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)/National Police Check (NPC)  
(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 \(acic.gov.au\)](#)

Student Placement Check - Name Check – DOB checks are available from [Police Check \(nsw.gov.au\)](#) or [Clear to work](#)

**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 (link above)

## **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 fully completed childhood blue book or a school program 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 or both words and numerical value (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 \(nsw.gov.au\)](#)

### **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 \(nsw.gov.au\)](#)

### **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 \(nsw.gov.au\)](#)

## Immunisation and Screening Evidence Checklist

(Please take to your doctor/nurse immuniser)

|   | Evidence type  | Comments   |
|---|--|--|
| <b>COVID-19 vaccination evidence is required</b>  |  |  |
| Option 1  | 2 doses <u>of a TGA approved or recognized COVID-19 vaccine</u>  | Refer to COVID-19 information sheet in the package   |
|   |  |  |
| <b>Diphtheria/tetanus/pertussis (dTpa) – you must provide a vaccination record, <u>blood test is not acceptable</u></b> |  |  |
|   | Vaccination received within the last 10yrs   | This vaccine is part of the school vaccination program   |
| <b>Hepatitis B – one of these options of vaccination evidence is required <u>AND blood test results</u></b>             |  |  |
| 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  |  |
| Option 4  | Hepatitis B Vaccination Declaration – <b>witnessed by an approved assessor</b>   | <b><u>If all attempts fail to obtain vaccination record</u></b>  |
| <b>AND</b>  | Blood test for Hepatitis B surface antibodies  | <b><u>Must have blood test as well as vaccinations</u></b>   |
| <b>Measles/Mumps/Rubella – one of these options of evidence is required</b>   |  |  |
| Option 1  | 2 doses <u>OR</u>  |  |
| Option 2  | IgG results for each virus   | Blood test only <b>if no record of vaccination. For Rubella must record both numerical value and immunity status</b>   |
| Option 3  | Born before 1966   |  |
| <b>Varicella – one of these options of evidence is required</b>   |  |  |
| Option 1  | 1 dose if given before the age of 14 years   |  |
| Option 2  | 2 doses if given ≥14 years old   |  |
| Option 3  | IgG results for varicella  | Blood test only <b>if no record of vaccination</b>   |
| <b>Influenza – Category A High Risk Staff <u>ONLY</u></b>   |  |  |
|   | Southern Hemisphere Influenza Vaccination received current year (before 1 <sup>st</sup> June)  | Refer to PD2020_017 page 34, Appendix 1  |
| <b>Acceptable Evidence – one or some of these</b>   |  |  |
|   | NSW Health Vaccination Record Card for Health Care Workers / Students  | <b>The card must only be completed by a doctor/nurse immuniser.</b><br>All entries must have a date of service, each entry signed and practice stamp applied |
|   | Australian Immunisation Register (AIR) statement   | <a href="#">Australian Immunisation Register - Services Australia</a>  |
|   | Pathology Service Report (Blood test result report)  | This evidence must be signed by a doctor/nurse immuniser, dated and practice stamp applied   |
|   | 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 and practice stamp applied   |
|   | Childhood Immunisation Booklet   | Remember to provide the personal details section with the vaccination evidence   |



**Why has it been mandated?**

Students are required to provide evidence of COVID-19 vaccination in accordance with the NSW Government Public Health (COVID-19 Vaccination of Health Care Workers) [Order No 548 22 October 2021](#) under the Public Health Act 2010, dated 22 October 2021 17.49 hours. This is to ensure the safety of our people and patients.

**How many doses of COVID-19 are required and when?**

Two doses of a TGA approved or recognized COVID-19 vaccine will be required.

**Making an appointment**

COVID-19 Vaccine Clinic Finder

[COVID-19 Vaccine Clinic Finder | Australian Government Department of Health](#)

**Where to find my evidence of COVID-19 Vaccination**

Both domestic and international students will need to access myGov to download the AIR (Australian Immunisation Register) COVID-19 Certificate PDF in colour to submit for recording on ClinConnect.

[What an immunisation history statement is - Australian Immunisation Register - Services Australia](#)

International students who have received their COVID-19 vaccinations in Australia and are not eligible for Medicare. Will need to sign in and create an account in myGov which will require you to have forms of identification e.g. Passport. An Individual Healthcare Identifier (IHI) will be issued. Once you have an IHI the COVID-19 vaccinations you received will be linked to your IHI and you will be able to download the certificate.

**Where to submit my COVID-19 Evidence**

Once you have downloaded your COVID-19 evidence please email a colour copy to

[HNELHD-ClinConnect@health.nsw.gov.au](mailto:HNELHD-ClinConnect@health.nsw.gov.au) In the email subject line **COVID-19 and students name and student ID number**

**MUST** be written in the email subject line. Download the colour COVID-19 vaccination certificate or Immunisation History Statement and saved as a PDF. Only colour PDFs with student ID emailed from your student email address will be accepted.

**COVID-19 Digital Certificate for mobile phone**

You can download the Express Plus Medicare app onto your phone with the COVID-19 Digital Certificate. Please DONOT send this for ClinConnect Compliance.

[Express Plus Medicare mobile app - How to download and set up the app - Services Australia](#)

[Sign-in - myGov](#) create a myGOV account and link to Medicare. Then go onto the Express Plus Medicare mobile app.

**Information for International Students who have evidence of COVID-19 vaccinations from overseas**

For students who have received COVID-19 vaccinations overseas it is **mandatory** to have these entered into the

[Australian Immunisation Register](#) (AIR) Your AIR statement is the only acceptable evidence as directed by the [Order No 548 22 October 2021](#). Please refer to the attached information sheet on how to do this.

**For further information NSW Health Education & Training (HETI)**

[FAQs Student Placements and COVID-19 | HETI \(nsw.gov.au\)](#)



## International Students COVID-19 Vaccination Evidence

If you received your COVID-19 Vaccination overseas, it is **mandatory** to have this transferred over to the [Australian Immunisation Register](#) (AIR). Your AIR statement is the only acceptable evidence of having your COVID-19 Vaccination. For COVID-19 vaccines recognized in Australia go to [International COVID-19 vaccines recognised by Australia | Therapeutic Goods Administration \(TGA\)](#),

*If you have been administered an international vaccine that has not been recognised in Australia, please discuss this with your GP as the NSW Public Health Order, [Order No 548 22 October 2021](#) requires you to have x2 doses of an Australian approved/recognised COVID-19 vaccination.*

### Individual Health Identifier and MyGov Account

To assist with transferring your overseas vaccination information to AIR, you will require an [Individual Healthcare Identifier](#) (IHI). This is a number that identifies you for healthcare purposes and My Health Record.

The quickest way to get an IHI is online using the IHI service through [myGov](#). If you don't have a myGov account, it's easy to [create one](#). Once you have your IHI, you can:

- have your Overseas COVID-19 Vaccination recorded into AIR
- get proof of vaccination through the Individual Healthcare Identifier service in myGov. Find out how to get [proof of vaccination](#).
- register for a My Health Record so you can get proof of vaccination and see other important health information in your record

When your IHI and My Health Record are active, please see your GP to have them transcribe your International COVID-19 vaccination information into AIR (*It will need to be translated into English where required, before it can be recorded*)

### Steps to submit COVID-19 vaccination to ClinConnect

- Download and save a colour copy of your AIR statement in PDF format
- Submit your AIR statement to HNE ClinConnect using ONLY your education provider email address, with the subject line "COVID-19 (*include your name & student number*)" to [HNELHD-Clinconnect@health.nsw.gov.au](mailto:HNELHD-Clinconnect@health.nsw.gov.au)
- You will receive an automatic reply acknowledging receipt of your email and a separate email notifying you when your COVID-19 vaccination evidence has been processed. **YOU MUST** take your vaccination evidence on placement with you.

For difficulties accessing or if information is missing from your AIR statement, please contact Services Australia – 1800 653 809

## NSW Health Code of Conduct Agreement for Students

### Step 1: Read the NSW Health Code of Conduct

The NSW Health Code of Conduct is available here:

[https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015\\_049.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_049.pdf)

### Step 2: Enter your details

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Student ID: \_\_\_\_\_

University/TAFE/Training Organisation: \_\_\_\_\_

Email address: \_\_\_\_\_

### Step 3: Declaration and signature

- 1. I have read and understood the NSW Health Code of Conduct, and agree to comply with its provisions at all times whilst attending student placements in NSW Health.*
- 2. I undertake that if I am charged or convicted of any criminal offence after the date of my National Police Certificate that I will notify NSW Health before continuing with my clinical placement.*
- 3. I declare that the information I have provided to NSW Health for the purpose of undertaking student placements is correct to the best of my knowledge. I understand that if I am found to have deliberately withheld or provided false information, my placements may be withdrawn.*

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

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





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, [print name of declarant], 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:.....



APPENDICES

## 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. <b>OR</b>   |   |
|   | 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, and serology result Anti-HBs $\geq 10$ mIU/mL <b>OR</b>  |   |
|   | 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) <b>OR</b>   |   |
|   | c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ <b>OR</b>  |   |
|   | 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:   | NSW Health agency / Education provider: |
| Email:  |   |   |
| Signature:  |   | Date:                                   |

## Appendix 7: Tuberculosis (TB) Assessment Tool

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 *Appendix 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   |  |       | Yes      | No |
|---|--|-------|----------|----|
| <b>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?</b>  |  |       |          |    |
| 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? *loss of more than 5% of body weight   |       |          |    |
| <b><u>If Yes to any of the questions in Part A:</u></b>   |  |       |          |    |
| <b>Urgent TB Clinical Review required. Contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment</b> See link to list of NSW clinics and contact numbers on Page 2.   |  |       |          |    |
| <b>Clearance from TB Service/Chest Clinic is required before commencing clinical placement/employment</b>   |  |       |          |    |
| 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)?  |       |          |    |
| <b>If Yes, please state the year and country where you were treated and provide documentation (if available) to the TB Service/Chest Clinic</b>   |  | Year: | Country: |    |
| 2.  | Have you ever been tested for LTBI with Tuberculin skin test or Quantiferon blood test?  |       |          |    |
| <b><u>If Yes, please provide copies of TB test results to the TB Service/Chest Clinic.</u></b>  |  |       |          |    |
| 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?<br>e.g. cancer, HIV, auto-immune conditions such as rheumatoid arthritis, renal disease, diabetes |       |          |    |
| 6.  | Are you on any regular medications that suppress your immune system?   |       |          |    |
| <b><u>If Yes to any of the questions in Part B:</u></b>   |  |       |          |    |
| <b>Contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment for advice regarding TB screening or clinical review requirements to obtain TB compliance.</b> See link to list of clinics and contact numbers on Page 2 of this form. |  |       |          |    |

**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](http://www.health.nsw.gov.au)

# Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases



## APPENDICES

| Part C: TB exposure risk history   |   |                       |  |                        |                       |  |  |
|--|---|-----------------------|--|------------------------|-----------------------|--|--|
| <i>The following questions explore possible exposure to TB</i>   |   |                       |  |                        |                       |  |  |
| 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?<br>For a list of high TB incidence countries, please go to <a href="https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx">https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx</a> |                       |  | 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  |                       |  |                        |                       |  |  |
| <b><i>If Yes, please list below the countries you have visited, the year of travel and duration of stay</i></b>  |   |                       |  |                        |                       |  |  |
|  | <b>Country visited</b>  | <b>Year of travel</b> | <b>Duration of stay (please specify d/w/m)</b> | <b>Country visited</b> | <b>Year of travel</b> | <b>Duration of stay (please specify d/w/m)</b> |  |
|  |   |                       |  |                        |                       |  |  |
|  |   |                       |  |                        |                       |  |  |
|  |   |                       |  |                        |                       |  |  |
| 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                    |  |  |
| <b><i>If Yes to any of the questions in Part C, a record of TB infection status after the latest TB exposure risk is required.</i></b>   |   |                       |  |                        |                       |  |  |
| <i>The accepted tests are:</i>   |   |                       |  |                        |                       |  |  |
| <ul style="list-style-type: none"> <li><i>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</i></li> <li><i>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.</i></li> </ul> |   |                       |  |                        |                       |  |  |
| <i>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.</i>  |   |                       |  |                        |                       |  |  |
| <i>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. <b>Clearance from TB Service/Chest Clinic is required before commencing clinical placement/employment</b> 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</i>  |   |                       |  |                        |                       |  |  |
| <b><i>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.</i></b>   |   |                       |  |                        |                       |  |  |
| 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   |   | / /                   |  |                        |                       |  |  |

NSW TB Services/Chest Clinics & contact numbers: <https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/chest-clinics.aspx>

**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 dec/arant]

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  
[date]

[signature of dec/arant]

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 ally text that does Hot 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.

