

Occupational Assessment, Screening and Vaccinations (Immunisation Program)

(Evidence of Immunisation)



MACQUARIE
University

PLEASE FILL OUT AND FOLLOW THE STEPS BELOW PRIOR TO YOUR FIRST DAY

Name: _____	DOB: ___/___/___	Phone No: _____
Address: _____		Email: _____
Commencement date of employment: _____		
Did you complete your routine childhood immunisation? Yes	<input type="checkbox"/>	No <input type="checkbox"/> Uncertain <input type="checkbox"/>

MQ Health offers a GP Clinic with practitioners who regularly conduct occupational assessment, screening and vaccinations and who are readily available to assist you in completing this requirement before you join the Macquarie University team. To take up this service by MQ Health, please follow the steps below. If you wish to use an alternative process, please call or email your Human Resources contact person.

Step 1: Make an appointment with the MQ Health GP Clinic, Suite 305 (level 3) 2 Technology Place, Macquarie Park prior to your first day by telephoning **(02) 9812 3944** or **book online** at <https://www.mqhealth.org.au/hospital-clinics/general-practice/make-an-appointment>

Step 2: Complete each part of this **Evidence of Immunisation Form (pg 2)** and the **Tuberculosis (TB) Screening Assessment Tool (pg 3)** and either:

Scan and Email these forms with attached evidence to: general.practice@mqhealth.org.au prior to your appointment

OR

Print and bring the forms with evidence to the GP appointment.

Some examples of evidence

- Original school or work immunisation program certificates
- Child immunisation book or record
- Australian Childhood Immunisation Register (free call 1800 653 809)
- Original immunisation documents stamped, signed and dated with batch numbers by the doctor or registered vaccine provider.
- Original records of serology tests.

Step 3: Attend GP appointment prior to your first day. Please allow sufficient time for any follow up appointments or immunisations to be administered prior to your first day of work. Please let your Human Resources contact know if there are any delays in you completing your obligations under this form.

Consent to Collect and Share Information

Protection from vaccine-preventable infectious diseases is an inherent requirement of a Category A, or frontline position. Macquarie University (MQ) requires you to provide evidence of your immunisation status, which is personal health information. This information is collected to allow MQ to manage the health and safety risks, arising from vaccine-preventable infectious diseases, to its employees (including you), other workers, patients and members of the public attending any MQ Health facility (Primary Purpose). Your personal health information will not be used for a secondary purpose unless you consent in writing to a secondary purpose as required by law.

Macquarie University as part of MQ Health, may disclose your personal health information to MQ Health to meet the objectives of the Primary Purpose.

If you do not provide Macquarie University with the evidence of your immunisation status by filling out these forms, there will likely be consequences for your employment (assessed on a case-by-case basis). This may include exclusion from the workplace in the event of a vaccine-preventable infection disease outbreak, amendment to your contracted duties, withdrawal of your employment offer or termination if you cannot meet the inherent requirements of your employment and no reasonable accommodations can be made.

Your personal health information will only be used and disclosed for the Primary Purpose and will be held by the Health and Safety Team, Macquarie University. If you have any queries or feedback about the privacy of your personal health information or to access or correct that information, please contact the MQ Health and Safety Advisor (Health Monitoring) by email: screeningandimmunisation@mq.edu.au

By ticking this box, I acknowledge that I have read and understood the information contained in this Occupational Screening and Assessment Form. I consent to Macquarie University collecting, using, disclosing, and storing my personal health information as set out above.

Evidence of Immunisation

- There are a range of vaccinations that need to be matched with your individual past vaccination history and serology.
- Vaccinations may be recommended following a review of your evidence and documentation by the General Practitioners at MQ Health.
- Blood testing and/or re-vaccination may be required if documentation is not available.

Part 1

- 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**
- 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.

Part 2

I have evidence of protection for:

- | | | | | | | | |
|--------------------------|-----------|--------------------------|------------|--------------------------|---------|--------------------------|---------|
| <input type="checkbox"/> | pertussis | <input type="checkbox"/> | diphtheria | <input type="checkbox"/> | tetanus | <input type="checkbox"/> | rubella |
| <input type="checkbox"/> | varicella | <input type="checkbox"/> | measles | <input type="checkbox"/> | mumps | | |

Part 3

I have evidence of protection for hepatitis B, history of age appropriate course and serology

- OR**
- 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 the *Australian Immunisation Handbook*, current edition) and provide a post-vaccination serology result within six months of appointment/commencement of duties.
-

Part 4

- I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure See attachment 5 of [Health NSW PD2018_009 Specified Infectious Diseases: Risks and Consequences of Exposure](#). I agree to comply with the protective measures required by Macquarie University.

- I declare that the information I have provided is correct

Name: _____

Phone or Email: _____

Work location: _____

Signed electronically by: _____ **Date:** _____

This page is for GP use

(email completed form to: screeningandimmunisation@mq.edu.au)

Name: _____

Date of Birth: ____ / ____ / _____

Commencement date of employment: ____ / ____ / _____

FOR GP USE: Evidence required to demonstrate protection against the specified infectious diseases

- Acceptable evidence of protection against specified infectious diseases includes:
 - serological confirmation of protection, and/or
 - other evidence, as specified in the table below.
- TST screening is required if the person was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: <http://www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf>.

Disease	Evidence of vaccination	Serology result	Other evidence
Diphtheria, tetanus pertussis (whooping cough)	<input type="checkbox"/> One <u>adult</u> dose of diphtheria/ tetanus/ pertussis vaccine (dTpa). Not ADT.	Serology will not be accepted	Not applicable
Hepatitis B	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine. Not "accelerated" course.	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL	<input type="checkbox"/> Documented evidence of anti- HBc, indicating past hepatitis B infection or HBs Ag+
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	<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	
Influenza	<input type="checkbox"/> One dose of current seasonal influenza vaccine by June 1 each year	N/A Serology will not be accepted	Nil.
Tuberculosis (TB) See note 2 above for list of persons requiring TST screening	Not applicable	Not applicable	<input type="checkbox"/> Tuberculin skin test (TST) or IGRA (Quantiferon Gold)
Persons with positive TST/IGRA must be fully assessed by a TB service within 3 months of commencement of clinical duties or clinical placement and must be asymptomatic when commencing clinical duties or clinical placement.			

- I hereby certify that the above-named person has been immunised according to the schedule above, or
- I hereby certify that the above-named person is **unable** to be immunised due to medical reasons.

If selecting "other", please PRINT & specify practice

Practice Name: _____

Practice Address: _____

Signed electronically: _____ Date: _____

Tuberculosis (TB) Assessment Tool

- Employees will require a Tuberculin Skin Test (TST) screening or IGRA (Quantiferon Gold) if he/she was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: <http://www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf>.
- The MQ Health GP will assess this form and decide whether clinical review/testing for TB is required.

<p><u>Clinical History</u> (please circle):</p> <p>Cough for longer than 2 weeks Yes No</p> <p>Please provide information below if you have any of the following symptoms:</p> <p>Haemoptysis (coughing blood) Yes No</p> <p>Fevers / chills / temperatures Yes No</p> <p>Night sweats Yes No</p> <p>Fatigue / weakness Yes No</p> <p>Anorexia (loss of appetite) Yes No</p> <p>Unexplained weight loss Yes No</p>	<p><u>Assessment of risk of TB infection</u></p> <p>Were you born outside Australia?</p> <p style="text-align: right;">Yes No</p> <p>If yes, where were you born?</p> <p>.....</p> <p>Have you lived or travelled overseas?</p> <p style="text-align: right;">Yes No</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Country</td> <td style="width: 40%;">Amount of time lived or travelled in country</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table>	Country	Amount of time lived or travelled in country
Country	Amount of time lived or travelled in country								
.....								
.....								
.....								
<p>Have you ever had:</p> <p>Contact with a person known to have TB?</p> <p>If yes, provide details below Yes No</p>	<p>Have you ever had:</p> <p>TB Screening Yes No</p> <p>If yes, provide details below and attach documentation</p>								
<p>If you answered YES to any of the questions above, please provide details (attach extra pages if required).</p>									
<p><input type="checkbox"/> I declare that the information I have provided is correct</p> <p>Name: _____</p> <p>Phone or email: _____</p> <p>Work location: _____</p> <p>Signed electronically by: _____ Date: _____</p>									

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Hepatitis B Statutory Declaration

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

Statutory Declaration

Commonwealth Declaration Act 1959

I,, do solemnly and sincerely declare
[print name of declarant]

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:

.....
.....

and I understand the risk of making a false declaration.

I make this solemn declaration* conscientiously believing the same to be true, and by virtue
of the provisions of the Commonwealth Declaration Act 1959.

Declared at: on
[place] [date]

.....
[Signature of declarant]

In the presence of an authorised witness, who states:

I, a
[print 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: I have known the person for at least 12 months OR *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]

*This statutory declaration is made under the Commonwealth Declaration Act 1959

**An authorised witness must be an appropriately trained assessor