

Vaccination Record Card for Health Care Workers and Student

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:

- Date and Batch numbers should be recorded for vaccination
- Serological results should be recorded on the card as numerical values or positive/negative, as appropriate, not simply 'immune'.

Evidence requirements

Disease	Evidence of vaccination		Serology results		Other evidence
Hepatitis B	History of completed age-appropriate course of Hepatitis B vaccine	AND	Anti-HBs greater than or equal to 10mIU/ml	OR	Documented evidence of anti-HBc. Evidence of first 2 vaccines of a 3-vaccine course
Measles, Mumps, Rubella (MMR)	2 doses of MMR vaccine at least one month apart	OR	Positive IgG for measles, mumps and rubella		Not applicable
Varicella (Chicken Pox)	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)	OR	Positive IgG for varicella s	OR	History of chicken pox or physician-diagnosed shingles (varicella IgG preferred is uncertain)
Diphtheria, Tetanus, Pertussis (dTpa)	One adult dose of diphtheria/tetanus/pertussis vaccine (dTpa). Not ADT		Serology will not be accepted		Not applicable
Influenza vaccine	MANDATORY – annually Annual influenza vaccination, noting it is preferable for the flu vaccine to be administered between the months of March and June through to September.		Not applicable		Not applicable
Tuberculosis (TB)	Not applicable		Interferon-Gamma Release Immunoassay (IGRA) - TB Quantiferon	OR	Tuberculin Skin Test (TST) accepted from The Department of Respiratory and Sleep Medicine at The

					Canberra Hospital
COVID 19	<p>MANDATORY</p> <p>1 dose of a COVID-19 vaccine by 29/10/2021</p> <p>2 doses of a COVID-19 vaccine by 1/12/2021</p> <p>1 dose of a COVID-19 booster by 11/05/2022 for any placements at CHS</p> <p>A copy of the COVID-19 Vaccination Certificate which should be carried while on placement.</p>		Not applicable		Not applicable

Table adapted from: <https://www.health.act.gov.au/health-professionals/clinical-placement-office/preparing-placements>

Vaccination Record Card for Health Care Workers and Students

Surname			Given Names	
Address				
	State:	P/code:	Date of Birth	
Email			Student ID No.	
Contact Number	(mobile)		(work)	

Vaccine	Date	Batch No.	Official Certification by Vaccination Provider <i>(Clinical practice stamp, full name and signature)</i>
Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine (adult dose of dTpa vaccine)			
Evidence of Vaccination within the last 10 years			
Hepatitis B vaccine (<i>history of completed age appropriate course of vaccinations AND hepatitis B surface antibody 10m/U/ml OR core antibody positive</i>)			
Dose 1			
Dose 2			
Dose 3			
AND			
Serology: anti-HBs		Result	m/U/ml
Serology: anti-HBc		Positive	Negative
Measles, Mumps and Rubella (MMR) vaccine <i>(2 doses MMR vaccine at least 1 month apart OR positive serology for measles, mumps and rubella OR birth date before 1966)</i>			
Dose 1			
Dose 2			
OR			
Serology Measles		IgG Result	
Serology Mumps		IgG Result	
Serology Rubella		IgG Result	
Varicella vaccine (<i>2 doses of varicella vaccine at least one-month apart age (evidence sufficient if the person was vaccinated before 14years of age) OR positive serology OR history of chicken pox/shingles</i>)			
Dose 1			
Dose 2			
OR (<i>please tick</i>) History of chicken pox <input type="checkbox"/> or physician diagnosed shingles <input type="checkbox"/>			Date: / /
OR Serology Varicella		IgG Result	
COVID-19 Vaccination – mandatory – will also accept Medicare digital Certificate or Medicare Immunisation history statement			
Dose 1			
Dose 2			
Dose 3			
Influenza vaccine – mandatory - Annually			
TB Screening	Date	Given by (<i>Clinical practice stamp, full name and signature</i>)	
TB Screening required for all Nursing Students attending clinical placement - Assessed by (Health Facility)			
Tuberculin Skin Test (Mantoux)			
Skin Test			
Reading	Induration	mm	
Other TB investigations (<i>Including chest X ray</i>) – <i>Interferon Gamma Release Assay(IGRA)</i>			