

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:

- 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'.
- **We do not accept Childhood vaccination records**

Evidence requirements

Requirements:	Evidence 1:	Evidence 2:
Hepatitis B	Blood Test Results - Immunity	Evidence of first 2 vaccines of a 3-vaccine course
Measles, Mumps, Rubella (MMR)	Blood Test Results – Immunity	Evidence of 2 vaccines
Varicella (Chicken Pox)	Blood Test Results – Immunity	Evidence of 2 vaccines
Diphtheria, Tetanus, Pertussis (dTpa)	Evidence of one adult vaccine within the last 10 years – Vaccine: BOOSTRIX or ADACEL not ADT SEROLOGY NOT ACCEPTED	
Influenza vaccine	MANDATORY - annually	
Tuberculosis (TB)	Tuberculin Skin Test (TST) accepted from The Department of Respiratory and Sleep Medicine at The Canberra Hospital	Mantoux results or Quantiferon -TB Gold results from GP.
COVID 19 Vaccination	MANDATORY Evidence of Dose 1 and Dose 2 and any booster as required	

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 (age appropriate course of vaccinations AND hepatitis B surface antibody 10m/U/ml OR core antibody positive)			
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 – Childhood vaccination records not accepted <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 (age appropriate course of vaccination OR positive serology OR history of chicken pox/shingles)			
Dose 1			
Dose 2			
OR (please tick) History of chicken pox <input type="checkbox"/> or physician diagnosed shingles <input type="checkbox"/>			Date: / /
OR Serology Varicella		IgG Result	
COVID-19 Vaccinations - mandatory			
Dose 1			
Dose 2			
Influenza vaccine – mandatory - Annually			
TB Screening	Date	Given by (Clinical practice stamp, full name and signature)	
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 (Including chest X ray) – Interferon Gamma Release Assay (IGRA)			