

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

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

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 (Clinical practice stamp, full name and signature)
<b>Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine</b> (adult dose of dTpa vaccine)			
Evidence of Vaccination within the last 10 years			
<b>Hepatitis B vaccine</b> (history of completed age appropriate course of vaccinations <b>AND</b> hepatitis B surface antibody 10mIU/ml <b>OR</b> core antibody positive)			
Dose 1			
Dose 2			
Dose 3			
<b>AND</b>			
Serology: anti-HBs		Result m/U/ml	
Serology: anti-HBc		Positive Negative	
<b>Measles, Mumps and Rubella (MMR) vaccine</b> (2 doses MMR vaccine at least 1 month apart <b>OR</b> positive serology for measles, mumps and rubella <b>OR</b> birth date before 1966)			
Dose 1			
Dose 2			
<b>OR</b>			
Serology Measles		IgG Result	
Serology Mumps		IgG Result	
Serology Rubella		IgG Result	
<b>Varicella vaccine</b> (2 doses of varicella vaccine at least one-month apart age (evidence sufficient if the person was vaccinated before 14years of age) <b>OR</b> positive serology <b>OR</b> history of chicken pox/shingles)			
Dose 1			
Dose 2			
<b>OR</b> (please tick) History of chicken pox <input type="checkbox"/> or physician diagnosed shingles <input type="checkbox"/>			Date: / /
<b>OR</b> Serology Varicella	IgG Result		
<b>COVID-19 Vaccination – mandatory – will also accept Medicare digital Certificate or Medicare Immunisation history statement</b>			
<b>Dose 1</b>	<b>By 29.10.2021</b>		
<b>Dose 2</b>	<b>By 1.12.2021</b>		
<b>Dose 3</b>	<b>By 11.05.2022</b>		
<b>Influenza vaccine – mandatory - Annually</b>			
<b>TB Screening</b>	<b>Date</b>		<b>Given by</b> (Clinical practice stamp, full name and signature)
<b>TB Screening required for all Nursing Students attending clinical placement - Assessed by (Health Facility)</b>			
<b>Tuberculin Skin Test (Mantoux)</b>			
Skin Test			
Reading	Induration	mm	
<b>Other TB investigations</b> (Including chest X ray) – Interferon Gamma Release Assay(IGRA)			

