

**CERTIFICATE OF COMPLIANCE**

COMPLIANCE WITH SA HEALTH IMMUNISATION FOR HCW IN SA POLICY DIRECTIVE 2017

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_/\_\_/\_\_ STUDENT ID \_\_\_\_\_

**INSTRUCTIONS FOR MEDICAL PRACTITIONER OR AUTHORISED IMMUNISATION NURSE**

Please tick ONE or MORE box for each vaccine preventable disease (VPD) - if appropriate. Use the Acceptable evidence of immunity to specific VPDs for Health Care Workers table on the back of this form as a reference. If a 3 dose course of Hepatitis B is required complete this form after the first vaccine is given. When the course is completed and post-vaccination serology results available - the health care worker is required to bring the certificate back to be updated.

 Refer to the SA Health *Immunisation for Health Care Workers in South Australia Policy Directive 2017* for further guidance.

DISEASE	IMMUNITY CONFIRMED BY:	ACTIONS TAKEN/REQUIRED:	VACCINE GIVEN/FOLLOW UP REQUIRED:
<b>Chicken Pox (Varicella Zoster)</b>	<input type="checkbox"/> Vaccination history <input type="checkbox"/> Blood test result <input type="checkbox"/> No evidence	<input type="checkbox"/> Vaccination recommended <input type="checkbox"/> Serology <input type="checkbox"/> No action required	
<b>Diphtheria, Tetanus and Pertussis</b>	<input type="checkbox"/> Vaccination record of booster dose in last 10 years <input type="checkbox"/> No evidence	<input type="checkbox"/> Vaccination recommended <input type="checkbox"/> No action required	
<b>Hepatitis B</b>	<input type="checkbox"/> Blood test result <input type="checkbox"/> No evidence	<input type="checkbox"/> Serological testing recommended <input type="checkbox"/> Vaccination recommended <input type="checkbox"/> No action required	
<b>Measles, Mumps and Rubella</b>	<input type="checkbox"/> Evidence of x2 MMR vaccination or <input type="checkbox"/> Blood test result <input type="checkbox"/> Birth before 1966 <input type="checkbox"/> No evidence	<input type="checkbox"/> Vaccination recommended <input type="checkbox"/> No action required	
<b>Poliomyelitis</b>	<input type="checkbox"/> Vaccination history <input type="checkbox"/> No evidence	<input type="checkbox"/> Vaccination recommended <input type="checkbox"/> No action required	
<b>*Hepatitis A</b>	<input type="checkbox"/> Vaccination record <input type="checkbox"/> Blood test result <input type="checkbox"/> No evidence	<input type="checkbox"/> Serological testing recommended <input type="checkbox"/> Vaccination recommended <input type="checkbox"/> No action required	
<b>**Influenza</b>	Seasonal Influenza vaccination required upon availability (separate evidence including batch number will be issued)		
<b>Hepatitis C Virus (HCV)</b>	Screening Test Done <input type="checkbox"/> No Screening Test Done <input type="checkbox"/>	HCWs need to know their HCV and HIV immune status (but do not need to inform SA Health of the result). If the screening test for HCV or HIV is positive, confidential medical and career advice must be sought from an Infectious Diseases Physician. Students are also required to inform the Dean of the relevant School.	
<b>Human Immuno-deficiency Virus (HIV)</b>	Screening Test Done <input type="checkbox"/> No Screening Test Done <input type="checkbox"/>		
<b>***Hepatitis BsAg</b>	Screening Test Done <input type="checkbox"/> No Screening Test Done <input type="checkbox"/>		

**MEDICAL PRACTITIONER OR AUTHORSIED IMMUNISATION NURSE STATEMENT**

I confirm that the above named person has provided me with evidence satisfying the above requirements.

MEDICAL PRACTITIONER OR IMMUNISATION NURSE'S NAME \_\_\_\_\_

PRACTICE NAME AND ADDRESS \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**CERTIFICATE OF COMPLIANCE**

COMPLIANCE WITH SA HEALTH IMMUNISATION FOR HCW IN SA POLICY DIRECTIVE 2017

## Acceptable evidence of immunity to specific VPDs for Health Care Workers

VPD	Acceptable evidence of immunity
<b>Chickenpox (Varicella-Zoster)</b>	Documented evidence of varicella antibody (IgG) on serology or documented evidence of age appropriate vaccination. Confirmation of immunity post-vaccination is not required.
<b>Diphtheria</b>	Documented evidence of a booster dose of diphtheria-containing vaccine in the last 10 years. Confirmation of immunity post-vaccination not required.
<b>*Hepatitis A</b>	Documented evidence of hepatitis A antibody on serology (IgG) or documented evidence of completed course of hepatitis A vaccine. Confirmation of immunity post-vaccination not required.
<b>Hepatitis B</b>	Documented evidence of Hepatitis B core antibody or documented level of hepatitis B surface antibody (>10mIU/ml) following completion of a course of hepatitis B vaccine**. Confirmation of immunity post-vaccination is required after completion of the vaccination course for all HCW.
<b>Measles</b>	Documented evidence of measles antibody (IgG) on serology or documented evidence of 2 measles vaccinations at least one month apart or born before 1966. Confirmation of immunity post-vaccination is not required.
<b>Mumps</b>	Documented evidence of mumps antibody (IgG) on serology or documented evidence of 2 mumps vaccinations at least one month apart or born before 1966. Confirmation of immunity post-vaccination is not required.
<b>Pertussis</b>	Documented evidence of pertussis booster vaccination in the previous 10 years. Confirmation of immunity post-vaccination not required.
<b>Poliomyelitis</b>	History of vaccination with a primary course of 3 vaccinations (documentation is not required). Confirmation of immunity post-vaccination not required.
<b>Rubella</b>	Documented evidence of rubella antibody (IgG) on serology or documented evidence of 2 rubella vaccinations at least one month apart or born before 1966. Confirmation of immunity post-vaccination is not required.
<b>Tetanus</b>	Documented evidence of a booster dose of vaccine containing tetanus in the last 10 years. Confirmation of immunity post-vaccination not required.
<b>Tuberculosis (TB)</b>	Student health care workers must complete the online tuberculosis screening questionnaire <a href="http://www.pages.on.net/questionnaire.php">http://www.pages.on.net/questionnaire.php</a> and be given clearance from SA Tuberculosis Services prior to clinical placement in any SA Health facility. Students who have completed the online TB screening form and who are advised that further TB screening is required should note that this cannot be done if a live vaccine (for example measles, mumps, rubella or varicella [chickenpox]) has been given in the preceding 4 weeks.

**\*Hepatitis A:** Screening and vaccination recommended for HCWs working in remote Indigenous communities or with Indigenous children and for carers of people with developmental disabilities.

**\*\*Influenza:** Seasonal vaccination recommended for HCWs although it is mandatory for residential aged care settings and this is relevant for nursing, medicine and allied health students

**\*\*\*All HCW who have lived in a hepatitis B endemic country, for at least 3 months, are required to have serology that includes hepatitis B surface antigen prior to vaccination.**

For a list of endemic countries (intermediate and high risk), please see:

<https://wwwnc.cdc.gov/travel/yellowbook/2018/infectious-diseases-related-to-travel/hepatitis-b>