

CERTIFICATE OF COMPLIANCE

Compliance with [SA Health Addressing vaccine preventable disease: Occupational assessment, screening, and vaccination policy 2022](#)

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 VPD** table as a reference.

DISEASE	IMMUNITY CONFIRMED BY:	ACTION/S REQUIRED:	VACCINE GIVEN/FOLLOW UP REQUIRED:
Varicella (Chickenpox)	<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	
Pertussis (diphtheria, tetanus)	<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	
Hepatitis B	<input type="checkbox"/> Documented evidence of hepatitis B core antibody OR documented level of surface antibody ($\geq 10\text{mIU/ml}$) <input type="checkbox"/> No evidence	<input type="checkbox"/> Serology <input type="checkbox"/> Vaccination recommended <i>(The GP/Other will guide this process through to evidence of immunity).</i> <input type="checkbox"/> No action required	<i>If vaccination recommended:</i> <input type="checkbox"/> Dose <input type="checkbox"/> Dose 2 (if applicable) <input type="checkbox"/> Dose 3 (if applicable) <input type="checkbox"/> Confirmed as non-responder (the University will direct student to the Incomplete Immunisation Declaration)
Measles, Mumps and Rubella	<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	
Poliomyelitis	<input type="checkbox"/> Vaccination history <input type="checkbox"/> No evidence	<input type="checkbox"/> Vaccination recommended <input type="checkbox"/> No action required	
*Hepatitis A	<input type="checkbox"/> Vaccination record <input type="checkbox"/> Blood test result <input type="checkbox"/> No evidence	<input type="checkbox"/> Serology <input type="checkbox"/> Vaccination recommended <input type="checkbox"/> No action required	
Tuberculosis (TB)	Students must complete SA Health TB questionnaire (SA TB Services will email clearance directly to student or advise if student requires further screening)		No action required by GP unless student requires further screening
**Influenza	Seasonal Influenza vaccination (separate evidence including batch number/date will be issued)		
Hepatitis C Virus (HCV)	Screening Test Done <input type="checkbox"/>		If screening for HCV or HIV is positive, the student is not required to inform SA Health, confidential medical and career advice must be sought from an Infectious Diseases Physician and the Dean of the relevant School informed.
Human Immuno-deficiency Virus (HIV)	Screening Test Done <input type="checkbox"/>		
***Hepatitis BsAg	Screening Test Done <input type="checkbox"/> No Screening Test Done <input type="checkbox"/>		

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MEDICAL PRACTITIONER OR AUTHORISED IMMUNISATION NURSE STATEMENT

I confirm that the above named person has provided satisfactory evidence for the above requirements.

MEDICAL PRACTITIONER OR IMMUNISATION NURSE NAME _____

PRACTICE NAME AND ADDRESS _____ SIGNATURE _____ DATE: _____

Acceptable evidence of immunity to VPD

VPD	Acceptable evidence of immunity
Varicella (Chickenpox)	Documented evidence of varicella antibody (IgG) on serology OR documented evidence of age-appropriate varicella vaccination.
Pertussis (diphtheria, tetanus)	Documented evidence of pertussis containing booster vaccine in the previous 10 years.
Hepatitis B	Documented evidence of hepatitis B core antibody OR documented level of hepatitis B surface antibody (≥ 10 mIU/ml) following completion of a course of hepatitis B vaccine. Confirmation of immunity post-vaccination is required after completion of the vaccination course. Individuals who have lived in a hepatitis B endemic country/setting for at least 3 months are required to have serology that includes hepatitis B surface antigen prior to vaccination.
Measles	Documented evidence of measles antibody (IgG) on serology OR documented evidence of 2 measles-containing vaccines at least 4 weeks apart OR born before 1966 OR documented laboratory evidence of past measles infection.
Mumps	Documented evidence of mumps antibody (IgG) on serology OR documented evidence of 2 mumps-containing vaccines at least 4 weeks apart OR born before 1966 OR documented laboratory evidence of past mumps infection.
Rubella	Documented evidence of rubella antibody (IgG) on serology OR documented evidence of 2 rubella containing vaccines at least 4 weeks apart OR born before 1966 OR documented laboratory evidence of past rubella infection.
Poliomyelitis	Self-report of polio vaccine or self-report having had all standard childhood vaccines (note for this VPD, nothing more is required).
Hepatitis A	Documented evidence of hepatitis A antibody on serology (IgG) OR documented evidence of completed course of hepatitis A vaccine OR documented laboratory evidence of past hepatitis A infection.
Tuberculosis (TB)	Documented evidence of having completed the SA Health Online TB Screening Questionnaire and received clearance for placement email. If risk is identified, further screening ie blood tests (IGRA), skin tests (TST) and chest x-rays required as indicated by SA TB Services. To note further screening 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:** Vaccination recommended if attending placement in rural and remote Indigenous communities or with Aboriginal or Torres Strait Islander children and/or person with developmental disabilities.

****Influenza:** Seasonal vaccination is recommended

***** Hepatitis BsAg:** Individuals who have lived in a hepatitis B endemic country/setting for at least 3 months are required to have serology that includes hepatitis B surface antigen prior to vaccination. See [list](#) of endemic countries (intermediate and high risk).