

Instructions for Worker:

1. The attached immunisation record is to be completed by a Registered Medical Practitioner. To minimise any unnecessary delays and additional costs to you, it is important you take this form and any past immunisation record (s) to the medical practitioner who will complete this form for you.
2. You must also complete and upload the Queensland Health **Tuberculosis Risk Assessment Form**. This is a self-assessment form to be completed by the worker to determine whether further testing for TB infection is required. Whilst the TB Risk Assessment is labelled "For Students" it is the accepted Queensland Health Tool for UQ. Please complete your self-assessment form carefully. If your self-assessment indicates that you have a TB risk exposure history, you will need to attach results and/or medical documentation.
3. Please ensure that both this form and the Tuberculosis Risk Assessment Form have been completed correctly before uploading both forms to your [my.UQ staff portal](#).

Section 1: Worker Details

Name: (BLOCK LETTERS)	Surname			First Name		Other Names	
Position			Staff Number				
			Date of Birth				
Faculty			Email Address				
			Work Phone Number				
School			Mobile Phone Number				

Health Professional Details

To be completed by the treating Doctor or Occupational Health Provider

Name: (BLOCK LETTERS)	Surname		First Name	
I declare that the requirements specified in this form have been assessed and actioned in accordance with the immunisation status of the person named above. Details have been entered below in compliance with the immunisation requirements for UQ Workers interacting in healthcare facilities. This person has been made aware of any vaccination or serology follow up in relation to completing the requirements of this form.				
Title/Designation			Practice Stamp/Facility Name and Address	
Provider Number				
Signature				

Section 2: Tasks with Risk of Infectious Disease Transmission via Direct or Indirect Contact with Patients

Tasks that involve the possibility of acquisition and/or transmission of measles, mumps, rubella, varicella, pertussis or *tuberculosis* via (direct or indirect) patient contact and may include;

- Face to face interactions with patients
- Normal work location is a clinical area (hospital ward, emergency department or outpatient clinic) and includes non-clinical staff
- Work frequently or regularly requires attending a clinical area (hospital ward, emergency department or outpatient clinic) and includes non-clinical staff.

If employment duties include the tasks described above – the following immunisation sections on page 2 and 3 must be completed as well as the [Tuberculosis Risk Assessment Form](#)

MMR, Pertussis, Varicella

To be completed by the treating Doctor or Occupational Health Provider

Name of Disease	Evidence of Vaccination		Documented Serology Result	Other Acceptable Evidence
Measles, Mumps, Rubella (MMR)	Two documented doses of MMR at least 4 weeks apart. <input type="checkbox"/>		Positive IgG serology for each of Measles, Mumps, and Rubella. <input type="checkbox"/> Date: _____	Birthdate before 1966* <input type="checkbox"/>
	Date ____/____/____	Date ____/____/____		
Pertussis	Documented dose of adult dTpa in last 10 years <input type="checkbox"/> Date of Vaccination ____/____/____		NOT APPLICABLE	NOT APPLICABLE
Varicella	Documented history of 2 doses of varicella vaccine at least 28 days apart <input type="checkbox"/> Date Dose 1 ____/____/____ Date Dose 2 ____/____/____		Positive IgG for varicella <input type="checkbox"/> Date: _____	Evidence of documented history of physician diagnosed chickenpox or shingles <input type="checkbox"/>

*Evidence of compliance for MMR is not required for persons born on or before January 1st 1966

Influenza vaccination:

An annual influenza vaccination is strongly recommended in the Autumn of each year after the latest flu vaccine has been released (usually March/April). In certain settings, placement providers will only accept staff who have had the latest influenza vaccination to allow for staff and patient safety. Please retain proof of vaccination in the event that it is required for a particular placement site/hospital.

If duties are limited to above (as outlined in section 2) – proceed to section 5.

If duties involve tasks described in section 3 – complete hepatitis B section 3.

Please continue to next pages

Section 3: Tasks Requiring Protection against Hepatitis B

Tasks that involve direct patient contact and may include (not an exhaustive list)

- Providing clinical care or treatment of any kind
- Assisting a patient to undertake activities of daily living such as eating, using the toilet or mobilising
- Any manual handling of patients

OR

Tasks that involve the possibility of exposure to human blood or body substances of any kind (direct patient contact or indirect contact with blood or body fluids) may include (not an exhaustive list)

- Hands on clinical work
- Collecting, transporting, handling or processing of pathology samples
- Providing clinical care or treatment of any kind
- Cleaning of spills that may contain blood or body substances of any kind
- Manual handling or transporting of deceased people
- Postmortem examination or autopsies
- Bed making and cleaning
- Handling of soiled or contaminated linen
- Handling of clinical or laboratory waste or waste receptacles
- Cleaning in a patient room, using cleaning, repairing or maintaining equipment, surfaces or other items used in clinical areas or laboratory settings

Hepatitis B Status

To be completed by the treating Doctor or Occupational Health Provider

	<div>COLUMN A Dose dates</div> <div>Documented and age appropriate course of hepatitis B vaccine (2 or 3 doses) <input type="checkbox"/></div> <div>2 dose course appropriate for adolescent schedule only.</div>		<div>COLUMN B Serology</div> <div>Documented Anti-HBs of 10 IU/L or greater <input type="checkbox"/></div> <div>Surface Anti-HB level: _____ mIU/mL</div>		<div>Documented evidence that the person is not susceptible to hepatitis B</div> <div>Date: ____/____/____</div>
Hepatitis B	Date dose 1 ____/____/____	AND/OR		OR	
	Date dose 2 ____/____/____				
	Date dose 3 ____/____/____				

Please complete BOTH **Column A** AND **Column B** above for:
Medical, Dentistry, Midwifery and Nursing Professionals or if there is a higher risk of sharps injury.

For all others, please complete EITHER Column A OR Column B Section 4: Exposure Prone Procedures*

Section 4: Exposure Prone Procedures*

Exposure prone procedures (EPPs) are procedures where there is a risk of injury to the Healthcare Worker (HCW) resulting in exposure of the patient's open tissues to the blood of the HCW. These procedures include those where the HCW's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

UQ HCWs who will be performing EPPs must be tested for blood borne viruses (BBVs) in accordance with [Australian National Guidelines for the Management of Healthcare Workers Living with blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses](#).

The follow up of test results is the responsibility of the medical practitioner who conducts the test. UQ HCWs found to have a positive BBV test result should be counselled by their medical practitioner about appropriate management. The medical practitioner must seek advice from a specialist in BBVs or the relevant area of the jurisdictional health department. These workers must follow [Australian National Guidelines for the Management of Healthcare Workers Living with blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses](#).

For those performing 'exposure prone invasive procedures'* as defined above – the following statements are required to be completed by the treating Doctor or Occupational Health Provider.

Blood-borne Infection Statement

This person has been screened for hepatitis B, hepatitis C and HIV infection in the past 12 months and is not infected on testing.	OR	An Australian registered Infectious Disease Physician, Gastroenterologist, Hepatologist or Occupational Medicine Physician has certified that further testing has confirmed that this person is able to safely perform Exposure-prone procedures. <i>Please attach comments as necessary</i>	OR	This person cannot safely perform EPP as confirmed by an Australian registered Infectious Disease, Gastroenterologist, Hepatologist or Occupational Medicine Physician <i>Please attach comments as necessary</i>
<input type="checkbox"/> Date:		<input type="checkbox"/> Date:		<input type="checkbox"/> Date:

Section 5: Declaration

To be completed by person named on this form

I understand the requirements outlined in this document and agree to submit this information to the University of Queensland as a true and correct record of my compliance with these requirements. In addition, I agree to provide updated information as necessary, in relation to any required vaccinations and if applicable to my work tasks, proof of my status regarding testing for blood borne diseases.

Name: (BLOCK LETTERS)	Surname			First Name	Other Names
Staff Number:		Date of Birth			
Signature:				Date:	

Privacy Statement

The information in this form is collected for health and safety purposes as detailed in the University's Vaccinations and Immunisation Procedures and Guidelines (<https://ppl.app.uq.edu.au/content/2.60.08-vaccinations-and-immunisation>). This information will be used to ensure compliance with those procedures and may be disclosed to Queensland Health and/or other placement providers. The University will not otherwise disclose this information to a third party without your consent, unless such disclosure is authorised or required by law.

For further information, please refer to the Vaccinations and Immunisation Procedures and the University's Privacy Management Policy (<https://ppl.app.uq.edu.au/content/1.60.02-privacy-management>)