

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				Home			
				Mobile			

Health Professional Details

To be completed by the treating Doctor or Occupational Health Provider

Name: (BLOCK LETTERS)	Surname		First Name	
<p>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.</p>				
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 contact that would allow 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 next page must be completed.

MMR, Pertussis, Varicella, Tuberculosis

To be completed by the treating Doctor or Occupational Health Provider

Please note that seasonal Influenza vaccination is strongly recommended to be obtained each year.

All UQ employees are offered a free Influenza vaccination in the autumn on an annual basis.

Name of Disease	Evidence of Vaccination	Documented Serology Result	Other Acceptable Evidence	Use by UQ Clinical School only
Measles, Mumps, Rubella (MMR)	Two documented doses of MMR at least one month apart. <input type="checkbox"/>	Positive IgG serology for Measles, Mumps, and Rubella. <input type="checkbox"/>	Birthdate before 1966* <input type="checkbox"/> Or has commenced MMR course <input type="checkbox"/> Date Dose 1 ___/___/___	Compliant?
	Dose 1	Dose 2		YES
	Date ___/___/___	Date ___/___/___		NO
	OR			Laboratory QML S&N Other (Specify)
Pertussis	Documented dose of adult DTPa in last 10 years <input type="checkbox"/>	NOT APPLICABLE		Compliant?
	Date of Vaccination ___/___/___			YES NO
Varicella	Documented history of 2 doses of varicella vaccine <input type="checkbox"/>	Positive IgG for varicella <input type="checkbox"/>	Physician diagnosed chickenpox or shingles <input type="checkbox"/> OR Partial course of varicella vaccine including zoster <input type="checkbox"/> Date ___/___/___	Compliant?
	Date Dose 1 ___/___/___	Laboratory		YES
	Date Dose 2 ___/___/___	QML S&N Other (Specify)		NO
	OR			Partially Compliant Follow up due ___/___/___

Screening for Past Tuberculosis Exposure/Latent Infection

Name of Disease	tick	Provide the following	Details	Use by UQ clinical school only
Tuberculosis Screening test (skin test or blood test IGRA or Quantiferon Gold for TB) in the last 2 years	<input type="checkbox"/>	Result of screening test (skin test)	Date: ___/___/___	Compliant? Yes No
	<input type="checkbox"/>	OR blood test IGRA or Quantiferon Gold for TB)		If test positive – refer to UHS or Occupational Health Nurse Advisor for further advice

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

- 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 below.**

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
- Post mortem 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

Hepatitis B	Documented and age appropriate course of hepatitis B vaccine (2 or 3 doses) <input type="checkbox"/> <i>2 dose course appropriate for adolescent schedule only.</i>	OR	Documented Anti-HBs of 10 IU/L or greater <input type="checkbox"/>	OR	Documented evidence that the person is not susceptible to hepatitis B <input type="checkbox"/>	Use by clinical school only
						Compliant?
			Laboratory?		Date	
	Date dose 1 __/__/__		QML		OR Partial course of hepatitis B vaccine <input type="checkbox"/>	Yes
	Date dose 2 __/__/__		S&N		Date dose 1 __/__/__	No
	Date dose 3 __/__/__		Other (specify)		Date dose 2 __/__/__	Partially compliant Follow up due __/__/__

- If duties/exposure is limited to tasks described in section 2 and 3 – **proceed to section 5.**
- If duties also include exposure prone procedures* as defined below, **proceed to section 4 and complete the rest of this form.**

Section 4: Exposure Prone Procedures*

An exposure-prone procedure (EPP) is a procedure where there is a risk of injury to the Health Care Worker (HCW) resulting in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the workers 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.

Reference – Australian National Guidelines for the Management of Health Care Workers known to be infected with blood-borne viruses. Australian Communicable Diseases Network 28 February 2012

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.

Hepatitis B Statement

Name:		DOB:	
Hepatitis B statement		Tick	Please complete only one section below
This person has been fully vaccinated and has pathology test results showing protective levels of antibodies against Hepatitis Bs antigen (>10 IU/L)		<input type="checkbox"/>	Practitioner signature Date:
OR			
This person is not infected with hepatitis B and is undergoing vaccination against hepatitis B		<input type="checkbox"/>	Please provide details of hepatitis b vaccination completion to date, in section 3 above. Practitioner signature Date:
OR			
This person has attached medical documentation from an Australian registered infectious diseases specialist or Occupational Medicine Physician regarding their hepatitis B status in relation to their fitness to perform exposure-prone procedures*		<input type="checkbox"/>	Details of documentation Practitioner signature Date:

Blood-borne Infection Statement

Blood borne infectious screening and fitness to perform exposure prone procedures

Healthcare workers must not perform exposure prone procedures if they are;

- HB e Antigen positive or HBV DNA positive (using an approved sensitive real time PCR assay)
- HCV RNA positive (by PCR or similar test)
- HIV antibody positive (even if virus levels become undetectable on appropriately monitored anti-retro-viral therapy)

Reference – Management of Human Immunodeficiency Virus (HIV), Hepatitis B and Hepatitis C Virus Infected Health Care Workers. Centre for Healthcare Related Infection Surveillance and Prevention & Tuberculosis Control – Guideline. Version 2, April 2013

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 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 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:			Workplace				
Signature:				Date:			

The Immunisation record is to be completed in consultation with a Registered Medical Practitioner or Occupational Health Provider

Section 6: For Office Use Only

Immunisation Record

Immunisation record complete:	Yes / No	Date verified:	
Name of office worker:		Signature:	

* Staff that have not attained Hepatitis B Immunity should be referred to the UQ Healthcare for further specialist advice.

Exposure Prone Procedure Statement (If applicable)

EPP statement satisfactory:	Yes / No / NA	Date verified:	
Name of office worker:		Signature:	

* Staff that have not attained a satisfactory EPP should be referred to the UQ Healthcare for further specialist advice.

If further action is required, details must be provided below.

Outstanding Requirements

Follow-up action required – Details	Date Due	Date completed

This information will be retained in the employees file and must remain confidential

Privacy Statement

The information this form is collected for the primary purpose of complying with the requirements of the University and Queensland Health by requiring UQ workers to provide evidence of their immunisation status for the listed diseases. The information you provide may be disclosed to Queensland Health or other placement organisations or where the disclosure is authorised or required by law. For further information please consult the UQ Privacy Management Policy at: <http://ppl.app.uq.edu.au/content/1.60.02-privacy-management>