**As a new employee at Barwon Health you need to make an appointment with your General Practitioner to complete page 1 and 2 of this form.**

(Unless you can attach all the evidence required - see page 3 for details)

All New Staff are responsible for ensuring that they are compliant with the Barwon Health Staff Immunisation Policy before they commence employment at Barwon Health.

All who work within Healthcare share a responsibility to protect vulnerable consumers, themselves and the community from vaccine preventable illnesses.

**Email completed form and attachments to** [**staff.care@barwonhealth.org.au**](mailto:staff.care@barwonhealth.org.au) **as soon as possible to ensure your start date is not delayed.**

|  |  |
| --- | --- |
| **Name:** |  |
| **Phone number:** |  |
| **Email address:** |  |
| **Date of Birth:** |  |
| **Barwon Health Hiring Manager:** |  |
| **Position Applied for:** |  |

|  |  |
| --- | --- |
| **GP Name/ Signature:** |  |
| **GP Address:** |  |
| **GP Phone Number:** |  |

|  |  |
| --- | --- |
| **GP confirmation that the candidate meets all the vaccination and proof of immunity requirements as listed?** | **Yes or No** |

**GENERAL PRACTITIONER to complete below (*see over for examples of evidence required OR attach results and evidence)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Vaccine** | **Course Complete**  **Circle** | **Date Completed &**  **GP Signature** | **Serological confirmation of protection – attach/ or Signed by GP** |
| **Covid 19**  **(Mandatory)** | **YES**  **NO** | Date Dose 1:  Date Dose 2:  Date Dose 3: |  |
| **Hepatitis B**  (for staff who have direct or indirect contact with patients) | **YES**  **NO** | Date Dose 1:  Date Dose 2:  Date Dose 3: | HEP B sAB LEVEL  DATE: |
| **Varicella** (Chicken Pox) | **YES**  **NO** | Date Dose 1:  Date Dose 2: | OR Varicella serology  Result:  DATE: |
| **Measles, Mumps, Rubella**  (MMR) | **YES**  **NO** | Date Dose 1:  Date Dose 2: | OR Serology  MEASLES Result / Date :  MUMPS Result / Date:  Rubella Result / Date : |
| **Pertussis, Diphtheria and Tetanus** | **YES**  **NO** | Vaccination Date :  Vaccination name/sticker: |  |
| **Tuberculosis**  **Screening** | **YES**  **NO** |  | DATE of Quantiferon Gold:  Result: |
| **Influenza**  **(Mandatory)** | **YES**  **NO** | Date of Vaccination :        Vaccination name /sticker: |  |
| **Hepatitis A** | **YES**  **NO** | Date Dose 1:  Date Dose 2: | OR Hepatitis A serology  Result:        Date : |

## EXAMPLES OF REQUIRED EVIDENCE

|  |  |  |
| --- | --- | --- |
| **Vaccine Preventable Diseases:** | **Immunisation Recommendations:** | **Required Evidence:** |
| **Covid 19** | Mandatory 3 doses | Covid 19 Digital Certificate or Medicare Immunisation Statement |
| **Hepatitis B** | Employees with direct contact/ possible contact with blood or body fluids | Hepatitis B HBsAb>10 IU/Ml  preferably with  Evidence of completed vaccination course |
| **Varicella (Chicken Pox)** | All Employees | History of disease  **OR**  Documented positive serology  **OR**  Vaccination with 2 documented doses of vaccine |
| **Measles, Mumps, Rubella (MMR)** | All Employees | Documented serological evidence of immunity to measles mumps, rubella  **OR**  born before 1966  **OR**  Documented evidence of 2 doses of MMR Vaccination a minimum of one month apart |
| **Pertussis, Diphtheria and Tetanus** | Recommended every 10 years | Documented evidence of dose |
| **Tuberculosis Screening** | All workers in clinical areas / those born in an endemic country/ those who have lived or worked in an endemic country > 3 months | Mantoux test  **OR**  QuantiFERON Gold (QF) In Tube test result is required for all stated staff members |
| **Influenza** | Mandatory for Employees with direct contact/ possible contact with blood or body fluids | Annual Vaccination |
| **Hepatitis A** | Recommended for employees with direct contact/ possible contact with blood or body fluids | Documented evidence of 2 doses of Hepatitis A Vaccines at least 6 months apart  **OR**  Documented serological evidence of immunity |

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