

Dear Doctor / Immunisation Provider,

Medical Students working within the healthcare setting are required to provide immunisation and health screening records to

- Ensure contractual obligations to Grampians Health and
- Protect agency staff from acquiring vaccine preventable diseases and from transmitting infections to vulnerable contacts.


The checklist on page 2 outlines the necessary immunisation and health screening requirements prior to employment at Grampians Health and is consistent with Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook, Australian Government Department of Health and Aged Care, Canberra, 2022, immunisationhandbook.health.gov.au

If Medical Student is a Non-Responder to Hepatitis B, please provide a medical certificate outlining the dates of vaccination and that implications of not being protected in the event of a blood or body fluid exposure have been explained to the staff member.

Your assistance is greatly appreciated.

Sue Flockhart
Director –Infection Prevention and Control / Workforce Immunisations
Grampians Health

IMMUNISATION SCREENING CHECKLIST

EMPLOYEE (PRINT CLEARLY)															
SURNAME							FIRST NAME								
DOB							MOBILE:								
ADDRESS											POSTCODE				
Please enter Medicare card number including the position on card (in the last square)													Position on card		
Medicare Number															
OR															
IHI Number															
All sections of this form are mandatory and must be completed <u>by your immunisation provider</u> or the form will be rejected. This form must be completed and returned before commencement of employment															
VACCINATION / HEALTH SCREENING REQUIREMENT				ACCEPTABLE EVIDENCE OF IMMUNITY AND DOCUMENTATION (Please tick box to indicate evidence provided)											
HEPATITIS B				<input type="checkbox"/> Serology result indicating immunity to Hepatitis B (antibody level >10mIU/mL											
DIPHTHERIA/TETANUS/ PERTUSSIS				<input type="checkbox"/> One documented adult dose of dTpa vaccine within the last 10 years. (ADT vaccination is not acceptable)											
MEASLES				<input type="checkbox"/> Documented evidence of 2 doses of MMR vaccine given OR <input type="checkbox"/> Documented evidence of positive IgG for Measles serology											
MUMPS				<input type="checkbox"/> Documented evidence of 2 doses of MMR vaccine given OR <input type="checkbox"/> Documented evidence of positive IgG for Mumps serology											
RUBELLA				<input type="checkbox"/> Documented evidence of 2 doses of MMR vaccine given OR <input type="checkbox"/> Documented evidence of positive IgG for Rubella serology											
VARICELLA				<input type="checkbox"/> Documented evidence of 2 doses of Varicella vaccine given OR <input type="checkbox"/> Documented evidence of positive IgG for Varicella serology											
COVID-19 vaccination - Mandatory to DOSE 3 for ALL Healthcare Workers				Dose 1 date			Dose 2 date			Dose 3 date			Dose 4 date		
ANNUAL INFLUENZA vaccine				<input type="checkbox"/> Date most recent received:											
Service Provider / Nurse Immuniser Declaration															
Service Provider / Nurse Immuniser Name and Contact Details (PLEASE PRINT OR STAMP)  INC. PROVIDER NUMBER															
<i>I, the undersigned declare that the Health care worker immunisation requirements specified above have been assessed and actioned.</i>															
Signature of Service Provider: <i>NOT signed by applicant.</i>										Date:					