

# Vaccine Preventable Disease Immunity Certification Form Category B

## NT Health Employee

Northern Territory (NT) Health is committed to providing a safe and healthy working environment for all workers and users of health care facilities, in accordance with National Health and Medical Research Council (NHMRC) Guidelines, National Safety and Quality Health Care Service Standards and other national, state and local policies, guidelines and procedures.

NT Health has a ***NT Health Worker Immunisation against Specified Vaccine Preventable Diseases Policy*** (Policy) that aims to:

- Minimise the impact of vaccine-preventable diseases (VPD) in the workplace
- Increase the coverage of effective vaccines among the NT Health workforce
- Minimise the risk of VPD transmission to vulnerable populations in NT Health services.

Each new employee is required to submit a completed *Vaccine Preventable Disease Immunity Certification Form* (VPD Certification Form) prior to commencement to comply with the Policy.

The VPD Certification Form is a legal document and must be fully completed by a general medical practitioner or nurse immuniser\* with the knowledge to interpret serology in regards to VPD immunity. Any associated costs of meeting the pre-employment requirements are the responsibility of the individual applicant.

The VPD Certification Form will only be accepted if complete. Submitting incomplete forms may delay employment.

It is recognised that new employees may not have completed a course of vaccines prior to commencement. NT Health allows the individual to begin employment as long as the course has been commenced and a written statutory declaration is signed (within one month) declaring that the new employee will complete relevant vaccinations and serology.

*\* A nurse immuniser is a registered nurse who has completed a recognised program of study, is approved within their jurisdiction to administer specified vaccines and can manage adverse reactions where there may not be a medical practitioner present.*

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# Vaccine Preventable Disease Immunity Certification Form

## Category B

### Clinical Contact, Indirect Contact with Blood or Body Substances

This 2 page form is to be completed by a general medical practitioner or nurse immuniser.

Please note this is a legal document.

Section One: Worker Information	
Last Name:	First Name:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone:	Email:
Position applied for:	

Section Two: Mandatory Immunity Information		
Disease	Requirement	Vaccination/Serology Evidence
<b>Chickenpox</b> (Varicella)	History of varicella (chickenpox) infection <b>OR</b> documented shingles <b>OR</b> documented positive varicella IgG <b>OR</b> documented evidence of age appropriate varicella vaccination (2 doses if aged 14 years and over)	<input type="checkbox"/> History of varicella or shingles <input type="checkbox"/> Serology confirmation of immunity <input type="checkbox"/> Vaccination course <b>complete</b> <input type="checkbox"/> Vaccination course <b>incomplete</b> 1 <sup>st</sup> dose given (date): ____/____/____
<b>Diphtheria, Tetanus, Pertussis</b>	One documented dose of adult dTpa within last 10 years	Vaccination date: ____/____/____
<b>Measles, Mumps, Rubella</b>	Born prior to 1966 <b>OR</b> documented evidence of positive IgG for measles, mumps and rubella <b>OR</b> documented 2 doses of MMR vaccine at least one month apart	<input type="checkbox"/> Born before 1966 <input type="checkbox"/> Serology confirmation of immunity <input type="checkbox"/> Vaccination course <b>complete</b> <input type="checkbox"/> Vaccination course <b>incomplete</b> 1 <sup>st</sup> dose given (date): ____/____/____

Optional Immunity Information		
Disease	Requirement	Vaccination/Serology Evidence
<b>Hepatitis B</b> <b>Mandatory for Category A workers</b>	Documentation of age appropriate course of HBV containing vaccines of either 3 doses <b>OR</b> 2 doses (if given between age 11-15 years) <b>AND</b> documented seroconversion of HBsAb ( $\geq 10$ mIU/ml)	<input type="checkbox"/> Vaccination course <b>incomplete</b> 1 <sup>st</sup> dose given (date): ____/____/____ 2 <sup>nd</sup> dose given (date): ____/____/____ <input type="checkbox"/> 3 <sup>rd</sup> dose given but no serology completed. 3 <sup>rd</sup> dose given (date): ____/____/____ <input type="checkbox"/> Serology confirmation of HBsAb $> 10$ mIU/ml

## Optional Immunity Information

Disease	Requirement	Vaccination/Serology Evidence
<b>Hepatitis A</b> <b>ONLY for workers who work:</b> <ul style="list-style-type: none"> <li>in remote Indigenous communities or with Aboriginal or Torres Strait Islander children</li> <li>as plumbers or in regular contact with untreated sewage</li> <li>caring for persons with developmental disabilities</li> </ul>	Documented 2 dose course of hepatitis A vaccine <b>OR</b> Documented history of hepatitis A infection <b>OR</b> Serology evidence of immunity	<input type="checkbox"/> Vaccination course <b>complete</b> <input type="checkbox"/> Vaccination course <b>incomplete</b> 1 <sup>st</sup> dose given (date): ____/____/____ 2 <sup>nd</sup> dose given (date): ____/____/____ <input type="checkbox"/> History of hepatitis A infection <input type="checkbox"/> Serology confirmation of HAV IgG
<b>Meningococcal</b> <b>ONLY for laboratory workers</b> who frequently handle specimens containing <i>Neisseria meningitidis</i> .	Documentation of appropriate course containing vaccines over recommended timeframe: <ul style="list-style-type: none"> <li>MenACWY vaccine</li> <li>MenB vaccine</li> </ul>	<input type="checkbox"/> Vaccination course <b>complete</b> <input type="checkbox"/> Vaccination course <b>incomplete</b> 1 <sup>st</sup> dose given (date): ____/____/____ 2 <sup>nd</sup> dose given (date): ____/____/____
<b>Influenza</b> <b>HIGHLY RECOMMENDED for all workers</b>	One documented dose of vaccine during current influenza season.	Vaccination date: ____/____/____

## Section Three: Inability to Comply due to Medical Circumstances

Please document the medical circumstances preventing full compliance with the vaccine preventable diseases requirements for NT Health (Please attach extra pages if required).

## Section Four: Certification by General Medical Practitioner or Nurse Immuniser

***This section MUST be completed by a General Medical Practitioner or a Nurse Immuniser***

**I have reviewed the applicants evidence and certify the worker is:**

- Fully Compliant:** Please complete Section Two including dTpa vaccination date
- Compliant to Date** (requires further vaccinations to complete course/s): Please complete Section Two
- Unable to Comply** (due to medical circumstances): Please complete Section Two and Section Three

**Signature:**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Last Name:**

**First Name:**

**Telephone Number:**

**Email:**

**Certifier Designation:**  
**Immuniser**

**General Medical Practitioner**

**Nurse**

**or business stamp here**