

Vaccine preventable disease (VPD) evidence and certification form



Queensland
Government

Instructions for workers*:

Step 1	<p>Read your role description or work instructions for vaccine preventable disease (VPD) evidence requirements, and check those that apply here:</p> <p><input type="checkbox"/> Hepatitis B <input type="checkbox"/> Varicella (chicken pox) <input type="checkbox"/> Measles, mumps, rubella <input type="checkbox"/> Pertussis (whooping cough)</p> <p>Additional vaccines: ONLY REQUIRED FOR AT-RISK ROLES (see page 5)</p> <p><input type="checkbox"/> Hepatitis A <input type="checkbox"/> Japanese encephalitis virus</p>
Step 2	Complete Section 1 . Read and sign the consent.
Step 3	Select one of the following options for supplying your VPD evidence.
	Section 2: Complete Section 2 yourself. Do not complete Section 3.
	Section 3: Visit your <u>vaccine service provider</u> [#] and have them complete Section 3 for you.
Step 4	Return Section 1 and Section 2 <u>OR</u> Section 3 . Your completed form must include copies of your VPD evidence.

Important requirements:

- If your evidence is not in English, it is your responsibility to provide a certified translation.
- Please note that statutory declarations will not be accepted as valid evidence.
- Failure to provide the required evidence will result in not meeting the conditions of employment engagement, where Queensland Health retains the right to withdraw the offer of employment.
- Any costs associated with medical consultations, vaccinations, or testing are the responsibility of the worker.

* "Worker" refers to any of the following: employment candidate, prospective volunteer, student, or contractor.

[#]A vaccine service provider is a qualified health professional, such as a medical or nurse practitioner, pharmacist, midwife, registered nurse, or Aboriginal and Torres Strait Islander health practitioner with the appropriate qualifications and authorisation, under an extended practice authority (EPA), to administer immunisation medicines.

Section 1 – Personal details, privacy and consent

Collection notice

(“the recipient”) is collecting your information in order to meet obligations to provide a safe workplace and health facility, in accordance with the *Hospital and Health Boards Act 2011* (Qld), *Work Health and Safety Act 2011* (Qld), and *Public Health Act 2005* (Qld). Personal information collected by the recipient is handled in accordance with the *Information Privacy Act 2009* (Qld) and will be used to confirm compliance with the mandatory vaccine preventable disease screening requirements. Your personal information will not be disclosed to other third parties without consent unless the disclosure is authorised or required by law. **If you choose not to provide your personal information and vaccine preventable disease screening information to the recipient, your application for employment or engagement will not be considered further.**

You are not required to disclose your blood borne virus status, gender or previous aliases as part of this process. However, you must ensure that you supply sufficient evidence of non-susceptibility to all required vaccine preventable diseases. For any questions regarding this collection notice, please contact your nominated contact person for your application via email or contact the relevant local Queensland Health recruitment team by visiting

<https://www.careers.health.qld.gov.au/apply-for-a-job/recruitment-contacts>

For information about how the recipient protects your personal information, how to access or correct your own personal information, or how to make a complaint about a breach of the privacy principles and learn how we deal with such a complaint, please refer to Queensland Health’s [Privacy Policy](#). Each Hospital and Health Service (HHS) has its own Privacy Policy. You can access these Privacy Policies by following the links on the [About Hospital and Health Services](#) page.

Please sign and complete personal details in the box below to acknowledge this Collection notice.

Full name		
Date of birth		Phone no. #
Email#		
Signature	Date	
# A VPD assessor may contact you regarding the evidence that you have supplied. Please do not provide contact details on this form if you do not consent to this contact.		

Consent to pass on your information:

Your consent is requested to pass your personal and vaccine preventable disease screening information to relevant Queensland Health and/or Hospital and Health Service recruitment units, relevant line managers, staff health and infection control units for vaccine preventable disease assessment purposes only. Your personal information will not be disclosed to other third parties without additional consent unless the disclosure is authorised or required by or under law.

If you choose not to allow your information to be passed on, please discuss with the recruitment panel chair or email at dohrecruitment@health.qld.gov.au.

I consent

I do not consent

Signature		Date	
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Section 2 – Vaccine preventable disease evidence

Copies of vaccination and/or non-susceptibility evidence must be attached to this form

Full name			
Pertussis (Whooping cough)	Brand names of pertussis-containing vaccines: Boostrix, Boostrix-IPV, Adacel, Adacel Polio, Infanrix and Tripacel. This list is not exhaustive.		
Vaccine record	<input type="checkbox"/> Documented history of one adult dose of pertussis-containing vaccine within the past 10 years ¹ Dose date:		
Worker acknowledgement	<input type="checkbox"/> Pertussis vaccination every 10 years as a healthcare worker.		
Explanatory notes: <ol style="list-style-type: none"> 1. Evidence of vaccination with a pertussis-containing vaccine within the last ten years is the only acceptable evidence for pertussis. 			
Hepatitis B	Brand names of hepatitis B-containing vaccines: H-B-Vax II, Engerix-B, Infanrix hexa, Twinrix/Twinrix Junior, ComVax and Vaxelis. This list is not exhaustive.		
Vaccine record	<input type="checkbox"/> Documented history of a complete course of age-appropriate hepatitis B vaccine ^{1,3} Dose 1 date: Dose 2 date: Dose 3 date: Dose 4 date: <input type="checkbox"/> Partial compliance with a documented history of at least 2 doses of hepatitis B vaccine ²		
OR			
Serology	<input type="checkbox"/> Blood test results showing immunity to hepatitis B ^{4,a,b}		
OR			
Other	<input type="checkbox"/> Letter from a medical/nurse practitioner stating that the individual is not susceptible to Hepatitis B. ^{4,c}		
Explanatory notes: <ol style="list-style-type: none"> 1. Age-appropriate vaccination schedules: <ol style="list-style-type: none"> Adult (≥20 years of age: adult formulation) and Childhood (<20 years of age: paediatric formulation) schedules consists of 3 doses of vaccine administered with a: <ol style="list-style-type: none"> minimum of 4 weeks between dose 1 and 2 minimum of 2 months between dose 2 and 3 minimum of 4 months between doses 1 and 3. Adolescent (11–15 years of age) schedule is 2 doses of adult hepatitis B vaccine administered with a minimum of 4 to 6 months between doses. 2. At least 2 doses of hepatitis B containing vaccine at least 4 weeks apart are required to be partially compliant. If partially compliant, continued employment is contingent on completing the course within 6 months of commencement. 3. An accelerated course is either one of two courses: <table border="0"> <tr> <td>a) dose 1: day 0 dose 2: 1 month after first dose dose 3: 2 months after 1st dose dose 4: 12 months after 1st dose</td> <td>b) dose 1: day 0, dose 2: 7 days after first dose, dose 3: 21 after 1st dose, dose 4: 12 months after 1st dose</td> </tr> </table> 4. Evidence that an individual is not susceptible to hepatitis B infection may include: <ol style="list-style-type: none"> serology testing indicating a hepatitis B core antibody (Anti-HBc /HBcAb), anti-HBs (hepatitis B surface antibody) greater than or equal 10 IU/L a letter from a treating medical/nurse practitioner that the individual is not susceptible to hepatitis B (must be on practice/facility letterhead, signed by the medical/nurse practitioner, with their professional designation, service provider number). Workers (including contractors, students, and volunteers) who are hepatitis B antigen positive do not have to disclose their hepatitis B infection status. Workers must comply with the CDNA National Guidelines - Healthcare workers who live with bloodborne viruses, perform exposure prone procedures, or are at risk of exposure to BBVs. 		a) dose 1: day 0 dose 2: 1 month after first dose dose 3: 2 months after 1st dose dose 4: 12 months after 1st dose	b) dose 1: day 0, dose 2: 7 days after first dose, dose 3: 21 after 1st dose, dose 4: 12 months after 1st dose
a) dose 1: day 0 dose 2: 1 month after first dose dose 3: 2 months after 1st dose dose 4: 12 months after 1st dose	b) dose 1: day 0, dose 2: 7 days after first dose, dose 3: 21 after 1st dose, dose 4: 12 months after 1st dose		

Varicella (chicken pox)	Brand names of varicella-containing vaccine include: Varilrix, Varivax, Priorix-tetra & ProQuad. This list is not exhaustive.
Vaccine record	<input type="checkbox"/> Documented history of two doses of varicella vaccine ¹ Dose 1 date: Dose 2 date: <input type="checkbox"/> Partial compliance with a documented history of one dose of varicella vaccine ¹
Serology	<input type="checkbox"/> Blood test results showing immunity to varicella ^{2,3}
Other	<input type="checkbox"/> Letter from a medical/nurse practitioner stating history of diagnosed chickenpox or shingles ⁴
Explanatory notes:	
1. Workers in healthcare settings should receive 2 doses of varicella vaccine given at least 4 weeks apart. Some childhood vaccination schedules only fund one dose of varicella vaccine, which is considered partial compliance. 2. Positive IgG (Immunoglobulin G) indicates immunity (natural infection or immunisation). 3. Other results, such as "low level," or "low positive", should be accompanied by a medical/nurse practitioner letter if they are to be submitted as evidence of non-susceptibility. The letter should sufficiently explain patient medical/vaccination history to substantiate the claim of non-susceptibility (must be on practice/facility letterhead, signed by the medical/nurse practitioner, with their professional designation, service provider number). "Equivocal" result is not acceptable evidence. 4. The letter must include the history and date of diagnosis (must be on practice/facility letterhead, signed by the medical/nurse practitioner, with their professional designation, service provider number). Shingles vaccination (Brand names: Shingrix, and previously Zostavax) should not be used as primary prevention of varicella and is not acceptable evidence of non-susceptibility.	
Measles, Mumps and Rubella (MMR)	Brand names of MMR-containing vaccine include M-M-R II, Priorix, Priorix-tetra & ProQuad. This list is not exhaustive.
Vaccine record	<input type="checkbox"/> Documented history of 2 doses of MMR vaccine at least 4 weeks apart ¹ Dose 1 date: Dose 2 date: <input type="checkbox"/> Partial compliance with a documented history of 1 dose of MMR vaccine ¹
Serology	Blood test results ^{2,3} showing immunity to: <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella
Other	<input type="checkbox"/> Birth date before 1966
Explanatory notes:	
1. Workers in healthcare settings born during or after 1966 should receive 2 doses of MMR vaccine given at least 4 weeks apart and with both doses given at ≥ 12 months of age. One documented dose of a measles, mumps and rubella vaccine is required for the candidate to be considered partially compliant. 2. Positive IgG (Immunoglobulin G) indicates immunity (natural infection or immunisation). 3. Other results, such as "low level," or "low positive", should be accompanied by a medical/nurse practitioner letter if they are to be submitted as evidence of non-susceptibility. The letter should sufficiently explain patient medical/vaccination history to substantiate the claim of non-susceptibility (must be on practice/facility letterhead, signed by the medical/nurse practitioner, with their professional designation, service provider number). "Equivocal" result is not acceptable evidence.	

ADDITIONAL VACCINES – Hepatitis A and Japanese encephalitis virus

Hepatitis A	Brand names of hepatitis A-containing vaccines include: Avaxim, Havrix 1440, Havrix Junior, Vaqta, Twinrix, Twinrix Junior. This list is not exhaustive.
Vaccination required for	<ul style="list-style-type: none"> • Plumbers and sewerage workers. • People who live or work in rural and remote First Nations communities. • Workers who regularly provide care to First Nations children. • Workers who provide care to people with developmental disabilities. <p><input type="checkbox"/> REQUIRED</p> <p><input type="checkbox"/> NOT REQUIRED</p>
Vaccine record	<p><input type="checkbox"/> Documented history of a complete course of age-appropriate hepatitis A-containing vaccine attached^{1,2}</p> <p>Dose 1 date:</p> <p>Dose 2 date:</p> <p>Dose 3² date:</p> <p>Dose 4² date:</p> <p><input type="checkbox"/> Partial compliance with a documented history of at least 1 dose of hepatitis A-containing vaccine attached^{1,2}</p>
<p>Explanatory notes:</p> <ol style="list-style-type: none"> 1. All monovalent hepatitis A vaccines that are given as a 2-dose course are interchangeable. 2. Schedules that mix combination hepatitis A/hepatitis B vaccines with monovalent vaccines are not routinely recommended. An adult dose of Twinrix 720/20 (1.0 ml) contains half the hepatitis A antigen content of an adult dose (1.0 ml) of Havrix adult vaccine. These vaccines are therefore not interchangeable. 	
Japanese encephalitis virus (JEV)	Brand names of Japanese encephalitis virus-containing vaccines include: Imojev and JEspec. This list is not exhaustive.
Vaccination required for	<ul style="list-style-type: none"> • Laboratory workers who may be exposed. • Workers who live or work on the outer islands of Torres Strait (30 days or more during the wet season (December to May). <p><input type="checkbox"/> REQUIRED</p> <p><input type="checkbox"/> NOT REQUIRED</p>
Vaccine record	<p><input type="checkbox"/> Documented history of a complete course of JEV-containing vaccine attached^{1,2}</p> <p>Dose 1 date:</p> <p>Dose 2² date:</p> <p><input type="checkbox"/> Partial compliance with a documented history of at least 1 dose of JEV-containing vaccine attached^{1,2}</p>
<p>Explanatory notes:</p> <ol style="list-style-type: none"> 1. Imojev course is 1 dose. 2. JEspec course is 2 doses; either given 28 days apart OR accelerated course is 7 days apart. Booster required 1–2 years after primary vaccination if risk is ongoing. 	

Section 3 – Vaccine service provider certification

Instructions for vaccine service provider use:

Step 1	Clarify required vaccine preventable diseases (VPD) evidence with the worker (this information will be in their role description).
Step 2	Assess VPD status for each disease. Vaccinate and/or provide serology as required. Section 2 provides detailed information (including explanatory notes) on the acceptable forms of evidence for each.
Step 3	Complete VPD details and attach copies of evidence for each required VPD.
Step 4	Sign certification statement below.

Please note that the worker **is not required to disclose** their disease status or any other medical or personal information which does not strictly pertain to their susceptibility to the required VPD evidence.

Worker's personal details				
Full name				
Date of birth				
VPD evidence	Not required	Compliant	Partially compliant	Next dose due, if required
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles, mumps, rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Ten yearly booster due:
Additional vaccines	Please note: only required for certain workers (see Page 5).			
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
JEV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vaccine service provider declaration				
I certify that the above-mentioned worker is vaccinated and/or non-susceptible to the relevant vaccine preventable diseases, and I have supplied them with acceptable forms of evidence (see Section 2).				
Signature:			Practice stamp or facility name and address:	
Date:				
Name:				
Designation:				
Provider No. (if applicable)				

*The “worker” refers to any of the following: employment candidate, prospective volunteer, student, or contractor.

QH INTERNAL USE ONLY - VPD compliance assessment

<input type="checkbox"/> Compliant	<input type="checkbox"/> Partially compliant	<input type="checkbox"/> Follow up planned*	<input type="checkbox"/> Not compliant
VPD assessor [#] :	Name: Designation: HHS: Signature: Date:	Stamp:	
Entered in SPA/ HR record:	<input type="checkbox"/>	Date:	
Notes:			

A VPD assessor is a person who undertakes VPD compliance assessments and is appropriately supported by the organisation to escalate VPD evidence interpretation to a qualified VSP or another clinician as required. VPD assessor training requirements are determined by the HHS.

*If candidate is employed, HHS should have a plan to ensure that partial compliance is followed up. This does not mean that the HHS provides the vaccinations necessary