# Vaccination Record Card for Health Care Workers and Students

**Personal Details (please print)**
- **Surname**: [Blank]
- **Given names**: [Blank]
- **Address**: [Blank]
- **P/code**: [Blank]
- **State**: [Blank]
- **Date of Birth**: [Blank]
- **Email**: [Blank]
- **Staff/student ID No.**: [Blank]
- **Contact numbers (mobile)**: [Blank]
- **(home)**: [Blank]
- **(work)**: [Blank]

## Official Certification by Vaccination Provider
(clinic/practice stamp, full name and signature)

### Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine (adult dose of dTPa vaccine)
- **Dose 1**: [Blank]
- **Booster**: [Blank]
- **10 years after previous dose**: [Blank]

### Hepatitis B vaccine (age appropriate course of vaccinations AND hepatitis B surface antibody ≥ 10mIU/mL OR core antibody positive)
- **Dose 1**: [Blank]
- **Dose 2**: [Blank]
- **Dose 3**: [Blank]

### AND
- **Serology: anti-HBs**: [Blank] mIU/mL
- **Serology: anti-HBc**: [Blank] Positive

### Measles, Mumps and Rubella (MMR) vaccine
(2 doses MMR vaccine at least 1 month apart OR positive serology for measles, mumps and rubella OR birth date before 1966)
- **Dose 1**: [Blank]
- **Dose 2**: [Blank]

### OR
- **Serology Measles**: IgG Result
- **Serology Mumps**: IgG Result
- **Serology Rubella**: IgG Result

### Varicella vaccine (age appropriate course of vaccination OR positive serology OR history of chicken pox/shingles)
- **Dose 1**: [Blank]
- **Dose 2**: [Blank]

### OR (please tick)
- **History of chicken pox**: [Blank]
- **or physician diagnosed shingles**: [Blank]

### OR Serology Varicella**: IgG Result

## TB Screening
(clinic/practice stamp, full name and signature)

### Requires TB Screening?
- **YES**: [Blank]
- **NO**: [Blank] (please circle)
- **Assessed by (Health Facility)**: [Blank]

### Tuberculin Skin Test (Mantoux)
- **Skin Test**
  - **Reading**: Induration mm
- **Skin Test**
  - **Reading**: Induration mm
- **Skin test**
  - **Reading**: Induration mm

### Other TB investigations (including chest X ray)
[Blank]

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**Revised January 2014**
Evidence required for Category A Staff

<table>
<thead>
<tr>
<th>Disease</th>
<th>Evidence of vaccination</th>
<th>Documented serology results</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus, pertussis</td>
<td>One adult dose of pertussis-containing vaccine (dTPa)‡</td>
<td>Serology will not be accepted</td>
<td></td>
</tr>
<tr>
<td>(whooping cough)</td>
<td>Do not use ADT vaccine as it does not contain the pertussis component</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>History of completed age-appropriate course of hepatitis B vaccine</td>
<td>Anti-HBs greater than or equal to 10mU/mL</td>
<td>Documented evidence of anti-HBc, indicating past hepatitis B infection</td>
</tr>
<tr>
<td></td>
<td><strong>AND</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Not “accelerated” course</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>2 doses of MMR vaccine at least one month apart</td>
<td>Positive IgG for measles, mumps and rubella§</td>
<td>Birth date before 1966</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age)</td>
<td>Positive IgG for varicella§</td>
<td>History of chickenpox or physician-diagnosed shingles (sero test if uncertain)</td>
</tr>
<tr>
<td>Tuberculosis (TB)</td>
<td><strong>Not applicable</strong></td>
<td><strong>Not applicable</strong></td>
<td><strong>Tuberculin skin test (TST)</strong></td>
</tr>
<tr>
<td><strong>See note below for information on persons requiring TST screening</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Influenza: Annual influenza is strongly recommended but not mandatory

*TST screening is required if the person was born in a country with high incidence of TB, or has resided for a cumulative time of more than 3 months or longer in a country with a high incidence of TB, as listed at: [http://www.health.nsw.gov.au/infectious/tuberculosis/Documents/countries-incidence.pdf](http://www.health.nsw.gov.au/infectious/tuberculosis/Documents/countries-incidence.pdf)

1 A booster dose is recommended if 10 years have elapsed since a previous dose.
2 A person receiving an accelerated course of hepatitis B vaccinations will not have completed the course until they have the 4th dose 12 months after the first dose.
3 Serology is only required for MMR and Varicella protection if vaccination records are not available and the person was born during or after 1966

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