

## Instructions for Worker:

1. The attached immunisation record is to be completed by a Registered Medical Practitioner. To minimise any unnecessary delays and additional costs to you, it is important you provide any past immunisation records to the Medical Practitioner to include when completing this form.
2. You must also complete and upload the Queensland Health ***Tuberculosis Risk Assessment Form*** ([https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0023/833621/tb-risk-assess-questionnaire-students.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0023/833621/tb-risk-assess-questionnaire-students.pdf)). This is a self-assessment form to determine whether further testing for TB infection is required. Whilst the TB Risk Assessment is labelled "For Students" it is the accepted Queensland Health TB screening tool for the University. If your self-assessment indicates you have an increased risk of previous TB exposure, you will need to attach any investigative results and/or medical documentation.
3. Please ensure that both this form and the Tuberculosis Risk Assessment Form have been completed correctly before uploading both forms to your **my.UQ staff portal** for verification. Please review the **UQ Immunisation and Disease Page** or contact your supervisor if you need assistance.

## Section 1: Worker Details

<b>Name:</b> (BLOCK LETTERS)	Surname			First Name		Other Names	
<b>Position</b>		<b>Staff Number</b>					
		<b>Date of Birth</b>					
<b>Faculty</b>		<b>Email Address</b>					
		<b>Work Phone Number</b>					
<b>School</b>		<b>Home</b>					
		<b>Mobile</b>					

## Health Professional Details

### To be completed by the treating Doctor or Occupational Health Provider

<b>Name:</b> (BLOCK LETTERS)	Surname		First Name	
I declare that the requirements specified in this form have been assessed and actioned in accordance with the immunisation status of the person named above. Details have been entered below in compliance with the immunisation requirements for UQ Workers interacting in healthcare facilities. This person has been made aware of any vaccination or serology follow up in relation to completing the requirements of this form.				
<b>Title/Designation</b>			<b>Practice Stamp/Facility Name and Address</b>	
<b>Provider Number</b>				
<b>Signature</b>				

## Section 2: Tasks requiring protection against respiratory transmitted disease

To be completed if work tasks have an increased risk of infectious disease transmission via direct or indirect patient contact. These tasks may include;

- Face to face interactions with patients
- Normal work location is a clinical area (hospital ward, emergency department or outpatient clinic) and includes non-clinical staff
- Work frequently or regularly requires attending a clinical area (hospital ward, emergency department or outpatient clinic) and includes non-clinical staff.

If employment duties include the tasks described above – the following immunisation sections 2 and 3 must be completed as well as the Tuberculosis Risk Assessment Form (See instructions for Worker).

### MMR, Pertussis, Varicella

To be completed by the treating Doctor or Occupational Health Provider

Name of Disease	Evidence of Vaccination	Documented Serology Result	Other Acceptable Evidence	
Measles, Mumps, Rubella (MMR)	Two documented doses of MMR at least one month apart. <input type="checkbox"/>	Positive IgG serology for Measles, Mumps, and Rubella. <input type="checkbox"/>	Birthdate before 1966* <input type="checkbox"/>	
	<b>Dose 1</b>	<b>Laboratory</b>	<b>OR</b>	
	<b>Dose 2</b>	<b>OR</b>	Has commenced MMR course <b>Date Dose 1</b> <input type="checkbox"/>	
	Date ____/____/____	QML ____ S&N ____ Other (Specify) ____	____/____/____	
Pertussis	Documented dose of adult DTPa in last 10 years <b>Date of Vaccination</b> <input type="checkbox"/> ____/____/____	NOT APPLICABLE	NA	
Varicella	Documented history of 2 doses of varicella vaccine <input type="checkbox"/>	Positive IgG for varicella <input type="checkbox"/>	Partial course of varicella vaccine including zoster <b>Date</b> <input type="checkbox"/> ____/____/____	
	<b>Date Dose 1</b> ____/____/____	<b>Laboratory</b>		<b>OR</b>
	<b>Date Dose 2</b> ____/____/____	QML ____ S&N ____ Other (Specify) ____		<b>OR</b>
	<b>OR</b>	<b>OR</b>		<b>OR</b>

\*Evidence of compliance for MMR is not required for persons born on or before January 1<sup>st</sup> 1966

## Influenza

**Please note that seasonal Influenza vaccination is strongly recommended to be obtained each year.**  
**All UQ employees are offered a free Influenza vaccination in the autumn on an annual basis.**

<b>Influenza</b>	Enter dose date only if current seasonal influenza vaccination has been given.  Dose Date: ____/____/____	NOT APPLICABLE	Retain proof of vaccination in the event that it is required for a particular workplace/ hospital.
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If duties are limited to above (as outlined in section 2) – proceed to section 5.

If duties involve tasks described in section 3 – complete hepatitis B section 3.

## Section 3: Tasks Requiring Protection against Hepatitis B

**Tasks that involve direct patient contact and may include (not an exhaustive list)**

- Providing clinical care or treatment of any kind
- Assisting a patient to undertake activities of daily living such as eating, using the toilet or mobilising
- Any manual handling of patients

**OR**

**Tasks that involve the possibility of exposure to human blood or body substances of any kind (direct patient contact or indirect contact with blood or body fluids) may include (not an exhaustive list)**

- Hands on clinical work
- Collecting, transporting, handling or processing of pathology samples
- Providing clinical care or treatment of any kind
- Cleaning of spills that may contain blood or body substances of any kind
- Manual handling or transporting of deceased people
- Post mortem examination or autopsies
- Bed making and cleaning
- Handling of soiled or contaminated linen
- Handling of clinical or laboratory waste or waste receptacles
- Cleaning in a patient room, using cleaning, repairing or maintaining equipment, surfaces or other items used in clinical areas or laboratory settings

**Hepatitis B Status: To be completed by the treating Doctor or Occupational Health Provider**

<b>Hepatitis B</b>	<b>Documented and age appropriate course of hepatitis B vaccine (2 or 3 doses)</b> <input type="checkbox"/>  <i>2 dose course appropriate for adolescent schedule only.</i>	<b>OR</b>	<b>Documented Anti-HBs of 10 IU/L or greater</b>  Date: <input type="checkbox"/> ____/____/____		<b>OR</b>	<b>Documented evidence that the person is not susceptible to hepatitis B</b> <input type="checkbox"/>  Date: <input type="checkbox"/> ____/____/____
	<b>Date dose 1</b>  ____/____/____		<b>Laboratory?</b>			<b>OR</b>
	<b>Date dose 2</b>  ____/____/____		<b>QML</b>			<b>Partial course of hepatitis B vaccine</b> <input type="checkbox"/>
	<b>Date dose 3</b>  ____/____/____		<b>S&amp;N</b>			<b>Date dose 1</b>  ____/____/____
			<b>Other (specify)</b>			<b>Date dose 2</b>  ____/____/____

If duties/exposure is limited to tasks described in section 2 and 3 – proceed to section 5.

If work tasks also include exposure prone procedures\* as defined below, proceed to section 4 and complete the rest of this form.

## Section 4: Exposure Prone Procedures\*

**Exposure prone procedures (EPPs)** are procedures where there is a risk of injury to the Healthcare Worker (HCW) resulting in exposure of the patient's open tissues to the blood of the HCW. These procedures include those where the HCW's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

UQ HCWs who will be performing EPPs must be tested for blood borne viruses (BBVs) in accordance with [Australian National Guidelines for the Management of Healthcare Workers Living with blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses](#).

For those performing 'exposure prone invasive procedures'\* as defined above – the following statements are required to be completed by the treating Doctor or Occupational Health Provider.

### Blood-borne Infection Statement

This person has been screened for hepatitis B, hepatitis C and HIV infection in the past 12 months and is not infected on testing.	<b>OR</b>	An Australian registered infectious disease or Occupational Medicine Physician has certified that further testing has confirmed that this person is able to safely perform Exposure-prone procedures.  <i>Please attach comments as necessary</i>	<b>OR</b>	This person cannot safely perform EPP as confirmed by an Australian registered Infectious Disease or Occupational Medicine Physician.  <i>Please attach comments as necessary</i>
<input type="checkbox"/> Date:		<input type="checkbox"/> Date:		<input type="checkbox"/> Date:

The follow up of test results is the responsibility of the medical practitioner who conducts the test. UQ HCWs found to have a positive BBV test result should be counselled by their medical practitioner about appropriate management, and about potential impacts on future career options. The medical practitioner can seek advice from a specialist in BBVs or the relevant area of the jurisdictional health department. These workers should receive education to ensure they understand their obligations should they wish to perform EPPs as part of their work.

## Section 5: Declaration - To be completed by person named on this form

I understand the requirements outlined in this document and agree to submit this information to the University of Queensland as a true and correct record of my compliance with these requirements. In addition, I agree to provide updated information as necessary, in relation to any required vaccinations and if applicable to my work tasks, proof of my status regarding testing for blood borne diseases.

<b>Name:</b> (BLOCK LETTERS)	Surname	First Name	Other Names
<b>Signature:</b>		<b>Date:</b>	

#### Privacy Statement

The information in this form is collected for the primary purpose of complying with the requirements of the UQ Vaccinations and Immunisation Procedure at: <https://ppl.app.uq.edu.au/content/2.60.08-vaccinations-and-immunisation> and Queensland Health by requiring UQ workers to provide evidence of their immunisation and screening status for the listed diseases. The information you provide may be disclosed to Queensland Health or other placement organisations to ensure your health and safety and the health and safety of others or where the disclosure is authorised or required by law. For further information please consult the UQ Privacy Management Policy at: <http://ppl.app.uq.edu.au/content/1.60.02-privacy-management>