

INSTRUCTIONS

Please take this form and supporting documents to your student health service or your own doctor.

Surname:	First Name:
Contact Number:	Preferred Name:
Address:	Post Code:
Preferred Email:	Date of Birth
Educator Provider:	Student ID:

1. Hepatitis B virus (HBV)

<p>Have you completed a full course of HBV vaccine (either 3 doses, or 2 doses if given between 11 to 15 years of age)</p> <p><u>AND</u> had a blood test result showing immunity (hepatitis B surface antibody [anti-HBs] ≥ 10 mIU/mL)?</p> <p>OR</p> <p>Have you had resolved HBV infection in the past <u>AND</u> had a blood test to confirm you are immune (hepatitis B core antibody)?</p>	<p>YES, you are considered immune to HBV.</p> <p>Documentation required</p> <p>Blood test result indicating the required titre level.</p>	<p>NO, you need to see your immunisation provider to commence/ complete the hepatitis B vaccination course. You can start your clinical placement, or commence work, in SA Health once you have started the vaccine course, agreed to complete the course, and have the blood test to check immunity after starting in your role.</p> <p>DON'T KNOW, you need to see your doctor to have a blood test to check your immunity.</p> <ul style="list-style-type: none"> > If the blood test shows you are immune you do not need to take further action. > If the blood test does not show immunity you need to see your immunisation provider to commence the hepatitis B vaccine course, followed by a blood test 4-8 weeks after the last vaccine to check for immunity. > If you have had a full vaccine course but no blood test, you should see your immunisation provider for a hepatitis B booster vaccine and blood test 4 weeks later.
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2. Measles, Mumps, Rubella (MMR)

<p>2a. Were you born before 1966?</p>	<p>YES, measles, mumps and rubella vaccination not required. Go to 3.</p>	<p>NO, go to 2b</p>
<p>2b. Do you have evidence of vaccination with at least 2 doses of an MMR vaccine?</p>	<p>YES, you are considered immune to measles, mumps and rubella. Go to 3.</p> <p>Documentation required</p> <p>Vaccination record for both doses</p>	<p>NO, go to 2c</p>
<p>2c. Do you have evidence of immunity to measles, mumps and rubella infection (laboratory evidence of past infection or immunity)?</p>	<p>YES, you are considered immune to measles, mumps and rubella.</p> <p>Documentation required</p> <p>Blood test result indicating immunity for measles, mumps and rubella.</p>	<p>NO or DON'T KNOW, you need to see your immunisation provider to commence/complete the MMR vaccine course.</p> <ul style="list-style-type: none"> > If you are pregnant, planning to get pregnant, or if your immune system is suppressed you should <u>NOT</u> have these vaccines and discuss this with your doctor. > You do <u>NOT</u> need to have a blood test to check immunity following this vaccination course. > If you are confident you have had two doses of MMR vaccine but do not have the documentation, consider seeing your doctor to have a blood test to check for immunity before having the vaccine course.

Surname:		First Name:
3. Chickenpox (varicella-zoster virus)		
3a Have you had chickenpox in the past?	YES , you are considered immune to chickenpox. Go to 4. Documentation not required	NO, go to 3b
3b. Have you had a blood test showing immunity to chickenpox?	YES , you are considered immune to chickenpox. Go to 4. Documentation required Blood test result showing immunity to chicken pox.	NO, go to 3c
3c. Have you had two doses of a varicella-containing vaccine (or one dose if given before 14 years of age)?	YES , you are considered immune to chickenpox. Documentation required Vaccination record for both doses (or for one dose if given before 14 years of age).	NO or DON'T KNOW , you need to see your doctor to EITHER have two doses of varicella vaccine OR a blood test to see if you are immune to chickenpox. > If the blood test result shows you are immune, you do not need to take further action. > If the blood test result does not indicate immunity you need to see your immunisation provider to commence/ complete the varicella vaccine course. > You do NOT need to have a blood test to check immunity following this vaccination course.
4. Diphtheria, Tetanus and Pertussis (dTpa)		
Have you had a primary course (3 doses) of a diphtheria / tetanus / pertussis toxoid-containing vaccine (usually given in childhood) AND had a booster dose of dTpa vaccine in the last 10 years?	YES , you are considered immune to diphtheria, tetanus and pertussis. Documentation required Vaccination record for the most Recent booster dose. Documentation not required for the primary course.	NO or DON'T KNOW You need to see your immunisation provider to commence/ complete the primary dTpa vaccine course. > If you have had a primary course but no booster in the last 10 years, you need to see your immunisation provider for a dTpa booster vaccine. > You do NOT need to have a blood test to check immunity following this vaccination.
5. Influenza		
Have you had the seasonal influenza vaccine this year?	YES , no further action required. Documentation not required	NO or DON'T KNOW , it is highly recommended that you have a seasonal influenza vaccination from your immunisation provider every year.
6. Poliomyelitis		
Have you received a full 3 dose course of polio vaccination (by mouth or by injection) usually given in childhood?	YES , no further action required. Documentation not required	NO or DON'T KNOW , you need a 3 dose course of inactivated poliomyelitis vaccine (IPV). > You do NOT need to have a blood test to check immunity following this vaccination.
7. Hepatitis A		
<i>Only complete this question if you are working or likely to be working in remote Indigenous communities, with Indigenous children, or with people with developmental disabilities.</i> Have you received 2 doses of hepatitis A vaccine, at least 6 months apart?	YES , you are considered immune to hepatitis A. Documentation required Vaccination record	NO or DON'T KNOW , you should have two doses of hepatitis A vaccine, at least 6 months apart. > You do NOT need to have a blood test to check immunity following this vaccination.

Surname:		First Name:	
8. Hepatitis C virus (HCV)			
Do you know your status in relation to HCV?	<p>YES</p> <ul style="list-style-type: none"> > If you are HCV antibody negative, you do not need to take further action. > If you are HCV antibody positive, you must seek confidential medical and career advice from an infectious diseases specialist and not undertake any exposure prone procedures until cleared to do so by the specialist <p>Documentation not required</p>	<p>NO or DON'T KNOW</p> <ul style="list-style-type: none"> > As a health care worker you have a responsibility to know your HCV status virus by having a blood test for HCV antibody > You do not need to inform SA Health of your status. 	
9. Human immunodeficiency virus (HIV)			
Do you know your status in relation to HIV?	<p>YES</p> <ul style="list-style-type: none"> > If you are HIV antibody negative, you do not need to take further action. > If you are HIV antibody positive, you must seek confidential medical and career advice from an infectious diseases specialist and not undertake any exposure prone procedures until cleared to do so by the specialist. <p>Documentation not required</p>	<p>NO or DON'T KNOW</p> <ul style="list-style-type: none"> > As a health care worker you have a responsibility to know your HIV status virus by having a blood test for HIV antibody. > You do not need to inform SA Health of your status. 	

Thank you for completing these Health Care Worker Screening form

For more information

Communicable Disease Control Branch

SA Health

11 Hindmarsh Square

Adelaide, SA 5000

Telephone: 1300 232 272

www.sahealth.sa.gov.au/ImmunisationProvider

Sensitive: Medical (*completed form only*)-I2-A2



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