

# Vaccination Record Card for Category A Workers (including Students)



Personal Details (please print)

Please refer to instructions on page 3

Surname			Given Names	
Address				
	State:	P/code:	Date of Birth	
Staff/student ID				
Email				
Contact Numbers	Mobile:		Work:	
Medicare Number	_____		Position on card: __	Expiry date: ___ / ___ / ___

Vaccine	Date	Batch name and Batch No. (where possible)	Official Certification by Vaccination Provider (clinic/practice stamp, full name and signature next to each entry)
<b>Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine</b> (adult dose of dTpa vaccine)			
Dose 1			
Booster 10 years after previous dose			
Booster 10 years after previous dose			
<b>Hepatitis B vaccine</b> (age appropriate course of vaccinations <b>AND</b> hepatitis B surface antibody $\geq$ 10mIU/mL <b>OR</b> core antibody positive)			
Dose 1			
Dose 2	<input type="checkbox"/> Tick for adolescent course		
Dose 3			
<b>AND</b>			
Serology: anti-HBs (Numerical value)		Result mIU/mL	
		Result mIU/mL	
<b>OR</b> Serology: anti-HBc		Positive Negative	
<b>Measles, Mumps and Rubella (MMR) vaccine</b> (2 doses MMR vaccine at least 1 month apart <b>OR</b> positive serology for measles, mumps and rubella <b>OR</b> birth date before 1966) Serology is <b>NOT REQUIRED</b> following completion of a documented MMR vaccination course.			
Dose 1			
Dose 2			
<b>OR</b>			
Serology Measles		IgG Result	
Serology Mumps		IgG Result	
Serology Rubella (include numerical value and immunity status as per lab report)			
		IgG Result	
<b>Varicella vaccine</b> (age appropriate course of vaccination <b>OR</b> positive serology <b>OR</b> AIR history statement that records natural immunity to chickenpox) Serology is <b>NOT REQUIRED</b> following completion of a documented varicella vaccination course.			
Dose 1	<input type="checkbox"/> Tick if given prior to 14 years		
Dose 2			
<b>OR</b>			
Serology Varicella		IgG Result	

**Personal Details** (please print)

Surname		Given name:	
Date of Birth		Staff/student ID	
Contact	Mobile:	Work:	

<b>Varicella vaccine</b> (age appropriate course of vaccination <b>OR</b> positive serology <b>OR</b> AIR history statement that records natural immunity to chickenpox)			
<b>OR</b>			
Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox		AIR Statement Sighted <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Vaccine</b>	<b>Date</b>	<b>Batch name and Batch No. (where possible)</b>	<b>Official Certification by Vaccination Provider (clinic/practice stamp, full name and signature)</b>
<b>Influenza vaccine</b> (strongly recommended for all workers & mandatory for Category A workers and students)			
<b>COVID-19 vaccine</b> (Strongly recommended for all Category A workers)			

<b>TB Screening</b>	<b>Date</b>	<b>Batch No. (where possible) or Result</b>	<b>Assessed by/Given by/Read by (clinic/practice stamp, full name and signature)</b>
Requires TB screening?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Past vaccination BCG		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Interferon Gamma Release Assay (IGRA) (circle test result)</b>			
IGRA		Positive Indeterminate Negative	
IGRA		Positive Indeterminate Negative	
<b>Tuberculin Skin Test (TST) – TB Service/Chest Clinic only</b>			
TST Administration			
TST Reading		Induration      mm	
TST Administration			
TST Reading		Induration      mm	
Referral to TB Service/ Chest Clinic for TB Clinical Review required?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>TB Clinical Review</b>			
Chest X-ray			
Other			
<b>TB Compliance – TB Service/Chest Clinic or OASV Assessor (circle correct response)</b>			
TB Compliance Assessment		Compliant Temporary Compliance Non-compliant	
TB Compliance Assessment		Compliant Temporary Compliance Non-compliant	

# Vaccination Record Card for Category A Workers (including Students)

## INSTRUCTIONS

Enough information must be provided to enable an assessor to verify that an appropriate vaccine has been administered by a registered vaccination provider therefore:

- Providers should record their full name, signature, date specific vaccine given and official provider stamp at the time of vaccine administration.
- Record batch numbers where possible.
- Serological results should be recorded on the card as numerical values or positive/negative, as appropriate, not simply “immune”.
- Copies of vaccination records (e.g. childhood vaccinations) and copies of relevant pathology reports may be attached to the card, if available.
- For medical contraindications, attach a copy of the Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011) and AIR Immunisation History Statement with the recorded medical contraindication.
- Attach another card if additional recording space is required.

### Evidence required for Category A Staff

Disease	Evidence of vaccination	Documented serology results	Other evidence
COVID-19	It is strongly recommended to remain up to date with COVID-19 vaccinations as recommended for your age and health status by the <a href="#">Australian Immunisation Handbook</a> .	Not applicable	
Diphtheria, tetanus, pertussis (whooping cough)	<input type="checkbox"/> One adult dose of pertussis containing vaccine (dTpa) <sup>1</sup> within the last 10 years.  <b><u>Do not use ADT vaccine as it does not contain the pertussis component</u></b>	Serology must not be accepted	
Hepatitis B	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine  Adolescent course: two doses of adult vaccine, given 4 to 6 months apart, between 11-15 years of age, <b><u>an accelerated course is not acceptable.</u></b>	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL  <b>Serology must be at least 4 weeks after completing the hepatitis B vaccine course</b>	<input type="checkbox"/> Documented evidence of anti-HBc, indicating past hepatitis B infection, and/or HBsAg+
Measles, mumps, rubella (MMR)	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart <b><u>Serology is NOT REQUIRED following completion of a documented MMR vaccination course.</u></b>	<input type="checkbox"/> Positive IgG for measles, mumps and rubella <sup>2</sup>	<input type="checkbox"/> Birth date before 1966
Varicella (chickenpox)	<input type="checkbox"/> 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. <b><u>Serology is NOT REQUIRED following completion of a varicella vaccination course)</u></b>	<input type="checkbox"/> Positive IgG for varicella <sup>3</sup>	<input type="checkbox"/> An Australian Immunisation Register (AIR) history statement that records natural immunity to chickenpox can also be accepted as evidence of compliance for varicella <sup>3</sup>
Tuberculosis (TB)  * For those assessed as requiring screening	<input type="checkbox"/> Not applicable	Interferon Gamma Release Assay (IGRA)  + Clinical review for positive results by TB Service/Chest Clinic	<input type="checkbox"/> Tuberculin skin test (TST)  + Clinical review for positive results by TB Service/Chest Clinic
Influenza vaccine	One dose of current southern hemisphere seasonal influenza vaccine by 1 June each year	Not applicable	

\*TB screening (TST or IGRA) required if the person was born in a country with high incidence of TB, or has resided or travelled for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at:

[www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx](http://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx)

<sup>1</sup> Serology must not be performed to detect pertussis immunity.

<sup>2</sup> Serology is only required for MMR protection if vaccination records are not available and the person was born during or after 1966.

<sup>3</sup> A verbal history of Varicella disease must not be accepted.