

## Staff Immunisation Assessment, Screening and Vaccination form

To improve your safety in the work environment at a Department of Health facility we ask that you provide a vaccination history and some important details about your health. Any recommended work related vaccinations are available free of charge for staff.

It is important you attempt to answer all questions. You may need to ask your family doctor or your parents for information to assist you in completing this form. Where insufficient documentation/information is provided, the Infection Control Nurse may contact you to try to ascertain your susceptibility to vaccine preventable diseases.

**Please return the completed form directly to Recruitment or the facility Infection Control Unit, along with copies of any available documentation confirming your immunity to the diseases listed over the page (e.g. blood test results and/ or immunisation records).**

All information provided in this assessment is strictly confidential, and will be maintained on a confidential database by the Infection Control Unit. This data is not accessible to other staff members.

**NOTE-** A Northern Territory Hospital Record Number (HRN) is required to input data into data base. It is essential that you have one. If you have never presented to a health care facility in the NT, please arrange for one to be created at your work place.

**Please print clearly.**

<b>NORTHERN TERRITORY HRN</b>		<b>Risk Category- A B C D</b> to be filled in by Infection Control
<b>SURNAME</b>		
<b>FIRST NAME</b>		
<b>DATE OF BIRTH</b>		
<b>CONTACT NUMBERS</b>	<b>HOME:</b>	<b>MOBILE:</b>
<b>EMPLOYMENT START DATE</b>		
<b>DESIGNATION</b>		
<b>WARD / DEPARTMENT (planning to work in)</b>		
<b>HAVE YOU PREVIOUSLY WORKED IN THE NT?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>IF YES, AT WHICH SITE DID YOU LAST WORK?</b>	<input type="checkbox"/> Darwin <input type="checkbox"/> Alice Springs <input type="checkbox"/> Katherine <input type="checkbox"/> Tennant Creek <input type="checkbox"/> Nhulunbuy <input type="checkbox"/> Community/Remote Health Centre	

**For further Immunisation information please contact the relevant Infection Control Unit**  
 Royal Darwin Hospital- 08 8922 8045                      Katherine Hospital- 08 8973 9066  
 Gove Hospital (CDC)- 08 8987 0357                      Alice Springs Hospital- 08 8951 7737  
 Tennant Creek Hospital- 08 8962 4260

Diseases	History of Disease Yes/No/Unknown	Vaccination Date	Serological Evidence of Immunity	
			Yes/No	Date
Hep A				
Hep B				
Varicella (Chicken pox)				
Measles				
Mumps				
Rubella				
Diseases	Have you been Immunised Yes/No/Unknown	Vaccination Date		
Influenza (annual)				
Pertussis (Whooping cough)		booster recommended every 10 years		
Tuberculosis (TB)		Yes	No	Unsure
Have you ever had a positive Mantoux skin test or positive Quantiferon Gold assay blood test?				
Have you ever been diagnosed with pulmonary tuberculosis (TB)?				
Have you ever been treated for TB in the past?				
Have you had a BCG vaccination?				

**Further Information/ Comments:**

All staff **MUST** attend the TB clinic for Tuberculosis screening. This is a mandatory requirement under the NT Public Service Act, Determination 1042 of 2010. Please phone Communicable Disease Centre to make an appointment.

Darwin- 89 228731 Katherine-89 739049 Gove- 89 870357 Tennant Creek- 89 624603  
Alice Springs Hospital Staff are to provide evidence of a mantoux result taken within the previous 2 years or discuss options with the ASH Infection Control Unit or CDC unit.

**REFUSAL TO PARTICIPATE IN THE EMPLOYEE IMMUNISATION PROGRAM**

I **DO NOT** wish to participate in the Employee Immunisation Program provided by NT Department of Health.

I understand this may leave me susceptible to vaccine preventable diseases and therefore I may be a potential source of infection to patients and other staff. I further understand that the NT Department of Health may under some circumstances alter my employment conditions in order to provide a safe work environment. I retain the right to revoke this refusal and request to participate at a later date:

Signature ..... Date: .....