

Immunisation Declaration Form

Name _____ Department _____

Position _____ Date ____/____/____

Please answer the following questions and tick the boxes before signing:

- ☐ I have read and understand the requirements of Lakeview Private Hospital's (LPH's) occupation vaccination program (see LPH-HR024 Staff Immunisation Policy).
- ☐ I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements.
- ☐ I understand Tuberculosis screening may be required, dependent on my place of birth and/or residence in a country with a high incidence of TB.

Declaration Form

All new staff must complete each part of this document and the (TB) Assessment Tool.

Category A Staff (see LPH-HR024 Table 2) must also provide blood test results and full immunisation evidence to their manager as soon as possible.

New staff will only be permitted to commence employment if they have submitted this form and have evidence of protection as specified and approval has been granted by the Quality and Infection Control Manager.

Please tick relevant check box for evidence attached to this form:

	Category A Roles (see LPH-HR024 Staff Immunisation Policy – Table 2)	
Hepatitis B	<ul style="list-style-type: none">Serology within 3 years showing anti-HBs $\geq 10\text{mIU/mL}$	<input type="checkbox"/>
Diphtheria Tetanus Pertussis	<ul style="list-style-type: none">Evidence of vaccination (e.g label with batch number), orMedicare vaccination statement <input type="checkbox"/> <i>NB – a booster dose is required if 10 years has elapsed since previous dose</i>	<input type="checkbox"/>
Measles Mumps Rubella	<ul style="list-style-type: none">Serology showing positive 1gG for measles, mumps and rubella, orBirth date before 1966	<input type="checkbox"/>
Varicella	<ul style="list-style-type: none">Serology showing positive 1gG for varicella	<input type="checkbox"/>
Influenza	<ul style="list-style-type: none">Recommended	<input type="checkbox"/>
Tuberculosis	<ul style="list-style-type: none">TB Assessment tool page 2 of this document	<input type="checkbox"/>
SARS-CoV-2 (COVID-19)	<ul style="list-style-type: none">Recommended	<input type="checkbox"/>

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Ward Clerks and Catering Staff who deliver meals to patients - if you are unable to provide evidence of appropriate immunity/vaccinations, you must complete the Agreement to Undertake Required Vaccinations form (see appendix A) and commit to follow through with any required vaccinations.

* Tuberculosis (TB) screening may be required dependent on place of birth and/or residence in a country with high incidence on TB. Please complete the Assessment below to determine if TB screening will be required prior to commencing in a role.

Tuberculosis (TB) Assessment

Were you born in Australia?	<input type="checkbox"/> Yes				
	<input type="checkbox"/> No	Where were you born? _____		Date: __/__/__	
Have you ever lived or travelled overseas? <i>Please indicate yes if you have travelled to another country and stayed there for more than 3 months</i>	<input type="checkbox"/> Yes	Country:	Year:	Duration:	
				Years:	Months:
	<input type="checkbox"/> No				
Have you ever had contact with a person known to have TB?	<input type="checkbox"/> Yes				
	<input type="checkbox"/> No				
Have you ever had TB screening? If yes please provide results	<input type="checkbox"/> Yes				
	<input type="checkbox"/> No				

SIGNED: _____ DATE ____/____/____

Employees are responsible for the cost of immunisation procedures and any medical expenses associated with blood tests or immunology reports. Please refer to your accountant to review the eligibility for reimbursement of these costs as a work-related expense.

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Appendix A

Agreement to Undertake Required Vaccinations

This form is ONLY to be completed if you are commencing as a Ward Clerk or Catering Staff who deliver meals to patients and have not been able to provide evidence of appropriate vaccination schedules as shown in the above document.

Please note, N/A is only applicable for those vaccinations where you have evidence of immunity.

<i>Vaccination/immunity yet to be proven</i>	<i>Agreement to undertake</i>	
Hepatitis B	I undertake to receive the required three doses of Hepatitis B vaccinations under the NSW Health guidelines, and provide appropriate evidence as follows: <ul style="list-style-type: none">• Dose 1 – Batch number or letter from GP• Dose 2 – Batch number or letter from GP• Dose 3 – Provide serology report from a final blood test taken as per your GP's instructions	<input type="checkbox"/>
Diphtheria Tetanus Pertussis	I undertake to receive the required Diphtheria Tetanus Pertussis vaccination	<input type="checkbox"/>
Measles Mumps Rubella	I undertake to receive the required Measles Mumps Rubella vaccination and to provide evidence of this	<input type="checkbox"/>
Varicella	I undertake to receive the required Varicella vaccination and to provide evidence of this	<input type="checkbox"/>

I _____ agree to undertake the above, and acknowledge that failure to do so may lead to the suspension or cessation of employment.

Signed: _____

Date: _____

Employees are responsible for the cost of immunisation procedures and any medical expenses associated with blood tests or immunology reports. Please refer to your accountant to review the eligibility for reimbursement of these costs as a work-related expense.

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