Immunisation Declaration Form



Name	e	Departmen	nt		
Position		Date	_/	_/	
Pleas	e answer the following questions and ti	ck the boxes b	efore si	igning:	
	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 asset of any personal circumstances that v		_	d vaccination process and I am not aware m completing these requirements.	
	I understand Tuberculosis screening residence in a country with a high inc		red, dep	endent on my place of birth and/or	

Declaration Form

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

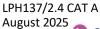
Category A Staff (see LPH-HR024 Table 2) must also provide blood test results and full immunisation evidence to their manager as soon as possible.

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	• Serology within 3 years showing anti-HBs ≥ 10mIU/mL	
Diphtheria Tetanus Pertussis	 Evidence of vaccination (e.g label with batch number), or Medicare vaccination statement NB – a booster dose is required if 10 years has elapsed since previous dose 	
Measles Mumps Rubella	 Serology showing positive 1gG for measles, mumps and rubella, or Birth date before 1966 	
Varicella	Serology showing positive 1gG for varicella	
Influenza	Recommended	
Tuberculosis	TB Assessment tool page 2 of this document	
SARS-CoV-2 (COVID-19)	Recommended	











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?		Yes				
		No	Where were you born?		Date://	
Have you ever lived		Yes	Country:	Year:	Duration:	
or travelled					Years:	Months:
overseas?						
Please indicate yes if you have travelled to another country and stayed there for more than 3 months						
		No				
Have you ever had		Yes				
contact with a person known to have TB?		No				
Have you ever had TB		Yes				
screening? If yes please provide results		No				

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
aligibility for reimburgement of these costs as a work related expense

Patients First

DATE ____/_

LPH137/2.4 CAT A August 2025

SIGNED:

17-19 Solent Circuit, Norwest, NSW 2153





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.

Vaccination/immunity yet to be proven	Agreement to undertake	
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: • 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	
Diphtheria Tetanus Pertussis	I undertake to receive the required Diphtheria Tetanus Pertussis vaccination	
Measles Mumps Rubella	I undertake to receive the required Measles Mumps Rubella vaccination and to provide evidence of this	
Varicella	I undertake to receive the required Varicella vaccination and to provide evidence of this	
Iacknowledge that fai employment.	agree to undertake the above, and lure to do so may lead to the suspension or cessation of	

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.

Signed:

Date: