

## Information Sheet (including Evidence Checklist) for Refresher Applicants



NAME of REFRESHER: \_\_\_\_\_

WORK AREA APPLIED FOR: \_\_\_\_\_

**Refresher Program:** Please bring a certified copy of your vaccinations / screening to your refresher program for review by Staff Health and Wellbeing Advisor.

**Refresher Applicants MUST be protected/screened against the following infectious diseases PRIOR to being offered a placement at Sydney Adventist Hospital.**

DISEASE		Evidence Checklist (please tick and attach evidence)
<b><i>Diphtheria, tetanus, pertussis</i></b>	Acceptable evidence of protection against specified infectious diseases includes a written record of vaccination signed by the provider and/or serological confirmation of protection. <u>This does not include a statutory declaration.</u>  One documented dose of adult Diphtheria / tetanus / pertussis vaccine (dTpa).	
<b><i>Hepatitis B</i></b>	Documented evidence of a completed, age appropriate, course of Hepatitis B vaccine and documented evidence of anti-HBs >10mIU/mL. or documented evidence of past hepatitis B infection (anti-HBc).  If previously unvaccinated please contact Staff Health and Wellbeing for further instructions regarding requirements for vaccination on 9487 9236	
<b><i>Measles, Mumps, Rubella</i></b>	Birth date before 1966; <b>or</b> documented evidence of 2 doses of MMR vaccine at least one month apart; <b>or</b> documented evidence of positive IgG for Measles, Mumps and Rubella.	
<b><i>TB</i></b>	Were you (please mark Yes or No): <ul style="list-style-type: none"> <li>- Born overseas in a high incidence country* OR</li> <li>- You have lived overseas in a high TB incidence country for longer than three months*.</li> </ul> If the answer is yes an appointment <b>MUST</b> be made for a TST or Mantoux test prior to being offered employment or enrolment into the course and evidence of the same given to Staff Health and Wellbeing.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>Varicella (Chickenpox)</i></b>	History of Chickenpox; <b>or</b> documentation of physician diagnosed shingles; <b>or</b> documented evidence of a positive Varicella IgG; <b>or</b> documented evidence of age appropriate Varicella vaccination.	

**Annual influenza vaccination is strongly recommended for all staff.**

### Mitigating Circumstances evidence:

- **Where vaccination is contraindicated:** Should you believe that the vaccination is contraindicated for you, you will need to provide evidence from your GP clearly outlining the reasons why vaccination is contraindicated.
- **Where previous vaccination attempts have not resulted in you becoming immune:** Should you believe that you fall into this category you will need to provide documented evidence of your vaccination course completion and your immunity status consistent with the requirements listed above.

\* For an up to date list of high TB incidence countries please visit

[http://www.health.nsw.gov.au/resources/publichealth/infectious/tb/pdf/high\\_risk\\_countries\\_2008\\_2009.pdf](http://www.health.nsw.gov.au/resources/publichealth/infectious/tb/pdf/high_risk_countries_2008_2009.pdf)

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