

# Undertaking/Declaration Form

## Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

### What is the purpose of this form

This form must be completed when applying for a Category A position.

The undertaking/ declaration form ensures all applicants are aware of and comply with the [NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases \(OASV\) Policy Directive](#). Evidence of Protection provides a summary of these requirements.

### Who is required to complete this form

All individuals applying for a position, students, volunteers, facilitators and contractors (including visiting medical officers and agency staff) who provide services at AHCL.

### Instructions

1. Read the undertaking/declaration form carefully.
2. Only tick the options in the 'Undertaking/Declaration Form' applicable to your circumstances.
3. Complete all sections of the 'Declaration'.

### Next steps

To commence employment/attend clinical placements:

1. All **Category A** workers (including students) are also required to:
  - a. Complete the [Tuberculosis \(TB\) Assessment Tool](#) and
  - b. Provide evidence of protection as specified in [Appendix 1 Evidence of protection](#) of the policy directive. Vaccinations and serology results may be recorded on the [NSW Health Vaccination Record Card](#).

**Return the completed forms** to [accreditation@sah.org.au](mailto:accreditation@sah.org.au) with the application form.

# Undertaking/Declaration Form

I,  declare that (tick the applicable options):

1	I agree to abide by the requirements of the <u>Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases (OASV) Policy</u>
2	I consent to assessment, and I undertake to participate in the assessment, screening, and vaccination process; <b>AND</b> a. <input type="checkbox"/> I am not aware of any personal circumstances that would prevent me from completing these requirements; <b>OR</b> b. <input type="checkbox"/> I am aware of a medical contraindication(s) and/or I am persistent hepatitis B non-responders that may prevent me from fully completing these requirements and have provided documentation of the medical contraindication(s) as required by the NSW Health OASV Policy Directive (Section 5: <u>Medical Contraindications and Hepatitis B Vaccine Non-Responders</u> ). I request consideration of my circumstances. If AHCL accepts my medical contraindication and/or I am a hepatitis B non-responder:  i. I understand that I will be informed of the risks of infection, the consequences of infection and management in the event of exposure and agree to comply with the protective measures required by the health service and as defined by <u>PD2023_025 Infection Prevention and Control in Healthcare Settings</u> ; <b>AND</b>  ii. If the medical contraindication is temporary, I understand I must be reviewed and agree to be vaccinated once the medical exemptions end.
3	If I have received the minimum number of doses to commence employment/attend placement and I am granted temporary compliance,  a. I undertake to complete the outstanding vaccination and/or tuberculosis requirements within the timeframes required by the OASV Policy Directive and agree to comply with the protective measures required by the health service; <b>AND</b>  b. I understand that failure to complete the outstanding vaccination and/or tuberculosis requirements within the appropriate timeframe(s) may result in suspension from further clinical placements/duties and may jeopardise my course of study/ work/employment.

## Declaration

I,

declare that the information provided is correct and I will abide by the requirements of the undertaking.

Date of birth

Email

Contact number

Signature

Date

# 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
<b>COVID-19</b>	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	
<b>Diphtheria, tetanus, pertussis (whooping cough)</b>	<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	
<b>Hepatitis B</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+
<b>Measles, mumps, rubella (MMR)</b>	<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
		<b>OR</b>	<b>OR</b>
<b>Varicella (chickenpox)</b>	<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"/>	<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>  <input type="checkbox"/>
<b>Tuberculosis (TB)</b>	<input type="checkbox"/> Not applicable	Interferon Gamma Release Assay (IGRA)  + Clinical review for positive results by TB Service/Chest Clinic	<b>OR</b> Tuberculin skin test (TST)  + Clinical review for positive results by TB Service/Chest Clinic
<b>* For those assessed as requiring screening</b>			
<b>Influenza vaccine</b>	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.