



THE UNIVERSITY OF
SYDNEY

Please combine the documents, in the order below, into a single pdf and email to student.verification@sydney.edu.au and Cc northern.electives@sydney.edu.au, using your Given name and Family name with NCS Vaccinations, as the subject.

<input type="checkbox"/> Australian National Police Certificate (front and back)	All students
<input type="checkbox"/> Overseas National Police Check (with certified translation if necessary) OR <input type="checkbox"/> Statutory Declaration (completed by an authorised witness in your jurisdiction)	Only International students including New Zealanders without Permanent Residency
<input type="checkbox"/> NSW Health Code of Conduct Agreement for Students	All students
<input type="checkbox"/> Attachment 6 Undertaking/ Declaration Form	All students
<input type="checkbox"/> Attachment 7 Tuberculosis (TB) Assessment Tool	All students
<input type="checkbox"/> Completed Vaccination Record Card	All students
<input type="checkbox"/> Rubella serology report	Only if MMR serology has been entered on Vaccination Record Card
<input type="checkbox"/> Attachment 9 Hepatitis B Statutory Declaration	Only if Hepatitis B records are unavailable
<input type="checkbox"/> Blood Bourne Virus Declaration	Only Medicine, Dentistry and Oral Health students

STATUTORY DECLARATION
OATHS ACT 1900, NSW, EIGHTH SCHEDULE
 (for overseas applicants or students)

I,,
[name, address and occupation of declarant]

do solemnly and sincerely declare that I ***do not have / have (listed below)** any criminal convictions/pending charges in my country of origin or any country, outside of Australia, which I have resided in or been a citizen of since turning 16 years of age.

Date of charge/conviction	Details of pending charge or conviction	Country	Penalty / Sentence

and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Declared at: on
[place] *[date]*

.....
[signature of declarant]

in the presence of an authorised witness, who states:

I,, a
[name of authorised witness] *[qualification of authorised witness]*

certify the following matters concerning the making of this statutory declaration by the person who made it:

1. *I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. *I have known the person for at least 12 months OR *I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was

[describe identification document relied on]

.....
[signature of authorised witness]

.....
[date]

*** Cross out any text that does not apply**

NOTE 1.-A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 5 years – see section 25 of the *Oaths Act 1900 (NSW)*.

NOTE 2.-A statutory declaration under the *Oaths Act 1900 (NSW)* may be made only before a Justice of the Peace; a Legal Practitioner; a Judicial Officer; or a person authorised to witness a declaration in the jurisdiction in which it is sworn.

NOTE 3 - **identification document** means either a primary identification document within the meaning of the *Real Property Regulation 2008*, or a Medicare card, pensioner concession card, Department of Veterans' Affairs entitlement card or other entitlement card issued by the Commonwealth or a State Government, a credit card or account (or a passbook or statement of account) from a bank, building society or credit union, an electoral enrolment card or other evidence of enrolment as an elector, or a student identity card, or a certificate or statement of enrolment, from an educational institution.

NOTE 4: Applicants for aged care work must use the Commonwealth Aged Care Statutory Declaration

NSW Health Code of Conduct Agreement for Students

Step 1: Read the NSW Health Code of Conduct

The NSW Health Code of Conduct is available here:

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_049.pdf

Step 2: Enter your details

Name: _____

Date of Birth: _____ Gender: _____ Student ID: _____

University/TAFE/Training Organisation: _____

Email address: _____

Step 3: Declaration and signature

- 1. I have read and understood the NSW Health Code of Conduct, and agree to comply with its provisions at all times whilst attending student placements in NSW Health.*
- 2. I undertake that if I am charged or convicted of any criminal offence after the date of my National Police Certificate that I will notify NSW Health before continuing with my clinical placement.*
- 3. I declare that the information I have provided to NSW Health for the purpose of undertaking student placements is correct to the best of my knowledge. I understand that if I am found to have deliberately withheld or provided false information, my placements may be withdrawn.*

Signature: _____

Date: _____

Attachment 6 Undertaking/Declaration Form

All new recruits/other clinical personnel/ students /volunteers / facilitators must complete each part of this document and Attachment 7 *Tuberculosis (TB) Assessment Tool* and provide a NSW Health Vaccination Record Card for Health Care Workers and Students and serological evidence of protection as specified in Attachment 4 *Checklist: Evidence required from Category A Applicants* and return these forms to the health facility as soon as possible after acceptance of position/enrolment or before attending their first clinical placement. (Parent/guardian to sign if student is under 18 years of age).

New recruits/other clinical personnel/ students /volunteers / facilitators will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Attachment 4 *Checklist: Evidence required from Category A Applicants* and submitted Attachment 7 *Tuberculosis (TB) Assessment Tool*. Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/duties.

The education provider/recruitment agency must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment. The NSW Health agency must assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

Part	Undertaking/Declaration	✓
1	I have read and understand the requirements of the NSW Health <i>Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy</i>	
2	a. I consent to assessment and 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, OR	a
	b. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process; however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.	b
3	I have provided evidence of protection for hepatitis B as follows:	
	a. history of an age-appropriate vaccination course, <u>and</u> serology result Anti-HBs ≥ 10 mIU/mL OR	a
	b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is < 10 mIU/mL (non-responder to hepatitis B vaccination) OR	b
	c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ OR	c
	d. I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in the <i>Australian Immunisation Handbook</i> , current edition) and provide a post-vaccination serology result within six months of my initial verification process.	d
4	I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Attachment 5 <i>Specified Infectious Diseases: Risks and Consequences of Exposure</i>) and agree to comply with the protective measures required by the health service and as defined by PD2007_036 Infection and Control Policy.	
Declaration: I _____ declare that the information provided is correct		
Full name:	Worker cost centre (if available):	
D.O.B:	Worker/Student ID (if available):	
Email:	NSW Health agency /Education provider:	
Signature:	Date:	

Attachment 7 Tuberculosis (TB) Assessment Tool

All new recruits, other clinical personnel, volunteers and students are required to complete this Tuberculosis Assessment Tool along with a NSW Health Record of Vaccination for Health Care Workers and Students and Attachment 6 *Undertaking/ Declaration Form*. They should advise the NSW Health agency if they prefer to provide this information in private consultation with a clinician.

The NSW Health agency will assess this form and decide whether TB screening or clinical review is required.

New recruits, other clinical personnel and volunteers will only be permitted to commence duties if they have submitted this form to the employing NSW Health agency. Failure to complete outstanding TB requirements within the appropriate timeframe may affect their employment status.

The education provider must forward a copy of this form to the health service for assessment.

Existing Category A staff, clinical personnel, volunteers and students who spend more than 3 months in a country with high incidence of TB after their initial TB assessment must complete and submit this tool for reassessment on return to a NSW Health agency.

Part A		
1. Do you currently have a cough that has lasted longer than 2 weeks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. If yes, have you had any episode of haemoptysis (coughing up blood)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you had unexplained fever, chills or night sweats in the past month?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you had any unexplained weight loss in the past month?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If you answered yes to any of the above questions, please attach relevant details on a separate page, including all results of any investigations or medical assessment you may have had it to this form.</i>		
Part B		
1. What is your country of birth?		
2. Have you ever in your lifetime (new personnel), or since your last occupational TB Assessment (existing personnel), lived or travelled overseas? If yes, provide details Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>Country</i>	<i>Duration of stay</i>	<i>Approximate dates/ year</i>
_____	_____	_____
_____	_____	_____
<i>(attach a separate page if necessary)</i>		
3. Have you ever had contact with a person known to have TB? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, detail the nature of the contact (attach separate page if necessary):		
4. Have you ever been tested for TB before? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>If you answered yes to any of the above questions, please attach further information on a separate page, including the date and results of any previous tests for TB (including TST, IGRA, sputum culture, chest x-ray) and attach it to this form</i>		
Worker/Student Declaration: I declare that the information provided on this form is correct		
Full name: _____	Worker cost centre (if applicable):	
Date of birth: / /	Student ID (if applicable):	
Phone: _____	NSW Health agency /Education provider:	
Email:		
Signature:	Date:	

Vaccination Record Card for Health Care Workers and Students



Personal Details (please print)

Please refer to instructions overleaf

Surname			Given names	
Address				
	State:	P/code:	Date of Birth	
Email			Staff/student ID No.	
Contact numbers	(mobile)	(home)	(work)	

Vaccine	Date	Batch No.	Official Certification by Vaccination Provider (clinic/practice stamp, full name and signature)
---------	------	-----------	--

Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine (adult dose of dTpa vaccine)

Dose 1			
Booster 10 years after previous dose			

Hepatitis B vaccine (age appropriate course of vaccinations **AND** hepatitis B surface antibody $\geq 10\text{mIU/mL}$ **OR** core antibody positive)

Dose 1			
Dose 2			
Dose 3			

AND

Serology: anti-HBs		Result	mIU/mL
OR		Result	mIU/mL
Serology: anti-HBc		Positive	Negative

Influenza vaccine (strongly recommended for all health care workers & **mandatory** for Category A High Risk health care workers)

Measles, Mumps and Rubella (MMR) vaccine
(2 doses MMR vaccine at least 1 month apart **OR** positive serology for measles, mumps and rubella **OR** birth date before 1966)

Dose 1			
Dose 2			
OR			
Serology Measles		IgG Result	
Serology Mumps		IgG Result	
Serology Rubella		IgG Result	

Varicella vaccine (age appropriate course of vaccination **OR** positive serology)

Dose 1			
Dose 2			
OR Serology Varicella		IgG Result	

TB Screening	Date	Batch No. or Result	Given by/Read by (clinic/practice stamp, full name and signature)
--------------	------	---------------------	--

Requires TB screening?		YES NO (please circle)	
History of BCG vaccination		YES NO (please circle)	

TB screening - Interferon Gamma Release Assay (IGRA) OR Tuberculin Skin Test (TST) performed at NSW TB Services only

IGRA		Positive	Indeterminate	Negative
------	--	----------	---------------	----------

OR

TST injection			
Reading		Induration	mm
TST injection if 2 step required			
Reading		Induration	mm

Other TB investigations (including chest X ray)

Vaccination Record Card for Health Care Workers and 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.
- Batch numbers should be recorded 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.

Evidence required for Category A Staff

Disease	Evidence of vaccination	Documented serology results	Notes
Diphtheria, tetanus, pertussis (whooping cough)	<input type="checkbox"/> One <u>adult</u> dose of pertussis-containing vaccine (dTpa) ¹ in the previous 10 years Do not use ADT vaccine as it does not contain the pertussis component	Serology will not be accepted	
Hepatitis B	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine Not "accelerated" course²	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL	<input type="checkbox"/> Documented evidence of anti-HBc, indicating past hepatitis B infection
Measles, mumps, rubella (MMR)	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart	<input type="checkbox"/> Positive IgG for measles, mumps and rubella ³	<input type="checkbox"/> Birth date before 1966
Varicella (chickenpox)	<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)	<input type="checkbox"/> Positive IgG for varicella ³	
Tuberculosis (TB) * For those assessed as requiring screening	Not applicable	<input type="checkbox"/> Interferon Gamma Release Assay (IGRA) + Clinical review for positive results	<input type="checkbox"/> Tuberculin skin test (TST) + Clinical review for positive results
<i>Influenza vaccine</i>	<i>Strongly recommended for all health care workers & mandatory for Category A High Risk health care workers</i>		

*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/Documents/countries-incidence.pdf

¹ Serology is only required for MMR and Varicella protection if vaccination records are not available and the person was born during or after 1966

² A person receiving an accelerated course of hepatitis B vaccinations will not have completed the course until they have the 4th dose 12 months after the first dose.

³ Serology is only required for MMR and Varicella protection if vaccination records are not available and the person was born during or after 1966

Attachment 9 Hepatitis B Statutory Declaration

If you use this form:

This document is to be countersigned by the GP or accredited immunisation provider and submitted with documentation for review. The GP or accredited immunisation provider **records on the vaccination card that a ‘verbal history’** has been provided, ensuring *that this entry has a signature and practice stamp affixed to validate the entry as legitimate to prevent fraudulent entries on the vaccination card.*

Vaccine	Date	Batch No.	Official Certification by Vaccination Provider (clinic/practice stamp, full name and signature)
Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine (adult dose of dTpa vaccine)			
Dose 1			
Booster 10 years after previous dose			
Hepatitis B vaccine (age appropriate course of vaccinations AND hepatitis B surface antibody \geq 10mIU/mL OR core antibody positive)			
Dose 1			
Dose 2		Verbal history	<i>Practice Stamp and GP Signature here</i>
Dose 3		Stat Dec	
AND <i>Date & Serology here</i>			
Serology: anti-HBs	3/4/2019	Result 119	mIU/mL <i>Practice Stamp and GP Signature here</i>
OR		Result	mIU/mL
Serology: anti-HBc		Positive	Negative
Influenza vaccine (strongly recommended for all health care workers & mandatory for Category A High Risk health care workers)			

Attachment 9 Hepatitis B Statutory Declaration

To be used where a hepatitis B vaccination record is not available

Statutory Declaration

Commonwealth Declaration Act 1959

I,, do solemnly and sincerely declare that
[print name of declarant]

I have received an age-appropriate course of hepatitis B vaccine consisting of (insert number) vaccine doses.

The approximate year I was vaccinated against hepatitis B was.....

I do not have the record of vaccination because:
.....
.....

and I understand the risks of making a false declaration.

I make this solemn declaration* conscientiously believing the same to be true, and by virtue of the provisions of the Commonwealth Declaration Act 1959.

Declared at: on
[place] *[date]*

.....
[signature of declarant]

in the presence of an authorised witness, who states:

I,, a
[print name of authorised witness] *[qualification of authorised witness]*

certify the following matters concerning the making of this statutory declaration by the person who made it: I have known the person for at least 12 months OR *I have confirmed the person's identity using an identification document and the document I relied on was

.....
.....

[describe identification document relied on]

.....
*[signature of authorised witness**]*

.....
[date]

*This statutory declaration is made under the Commonwealth Declaration Act 1959

**An authorised witness must be an appropriately trained assessor

Attachment 1: Blood Borne Virus Student Declaration Form



All student health care workers of a discipline* that undertakes exposure prone procedures (EPPs) must complete this document prior to their first clinical placement, and again after repeat testing has been undertaken every three years. Students will only be permitted to attend clinical placements if they have submitted this form.

The educational provider must ensure that all student health care workers of a discipline* that undertakes EPPs have completed this form and submitted it for assessment by NSW Health.

Declaration		Initials
<p>I have read and understand the requirements of the Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses and the NSW Health policy <i>Management of health care workers infected with HIV, Hepatitis B or Hepatitis C and health care workers who perform exposure prone procedures</i>.</p>		
<p>Select either A or B</p> <p><input type="checkbox"/> A: I have undergone testing for blood borne viruses** (BBVs) at commencement of study in Australia or within the 12 months prior to commencement.</p> <p><input type="checkbox"/> B: I have undergone a repeat test for BBVs within a three year period from the date of my last test.</p> <p>The date of my test was: _____</p>		
<p>I agree to the following:</p> <ul style="list-style-type: none"> be tested for Hepatitis B, Hepatitis C and HIV at least once every three years. have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV acquisition. have appropriate testing and follow up care after potential non-occupational exposure, with testing frequency related to risk factors for virus transmission. notify the person identified in the health facility local procedures if I am newly diagnosed with a BBV and will refrain from performing EPPs until a risk management plan has been developed by the NSW Health agency during the placement. cease performing all EPPs if diagnosed with a BBV until the criteria in the National Guidelines are met. 		
<p>Declaration: I _____ declare that I comply with the requirements of the <i>National Guidelines</i> and that the information provided is correct.</p>		
Full name:	Date of Birth:	Student ID:
Email:	Education Provider:	
Date:	Signature:	

*Disciplines that undertake exposure prone procedures include: medicine; midwifery; paramedicine; dentistry and oral health.

**Relevant blood borne viruses are Human Immunodeficiency Virus (HIV), Hepatitis B and Hepatitis C.