NSW Ministry of Health Verification
Vaccination Requirements Info Sheet for Students

Please find attached the documents to assist you and your Doctor in providing the correct evidence to meet these requirements.

- Evidence Required to Demonstrate Protection Against the specified Infectious Diseases
- Vaccination Record Card for Health Care Workers/Students
- Attachment 6 undertaking/declaration form
- Attachment 7 Tuberculosis Assessment tool
- Attachment 9 Hepatitis B Statutory declaration
- List of Countries with a Tuberculosis Incidence of 40 cases per 100,000 Persons or Greater
- Tuberculosis Frequently Asked Questions

For Further Information Contact:
Office of Clinical Education Support
Email: student.verification@sydney.edu.au
Ph: 02 9114 4273
Evidence Required to Demonstrate Protection Against the Specified Infectious Diseases

This is taken directly from the NSW Ministry of Health policy; Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases available off the NSW Ministry of Health Website.

TEMPORARY COMPLIANT STATUS
If all other mandatory vaccination requirements have been satisfied, ‘Temporary Immunisation Status’ will be awarded to first year students only.

Please Note: CONTRAINDICATIONS
Persons who are unable to be vaccinated due to temporary or permanent medical contraindications are required to provide evidence of their circumstances (for example, a letter from their general practitioner or treating specialist) and may be required to undergo a further medical assessment by an appropriate medical specialist.

DTPA
One Adult dose of diphtheria/tetanus/pertussis vaccine (dTpa) Not ADT. Serology will not be accepted. The recommendation by the National Health and Medical Research Council (NHMRC) is for health care workers to receive a dTpa vaccine 10-yearly.

HEPATITIS B
As stated in the Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases policy, it is recommended by the National Health and Medical Research Council Australian Immunisation Handbook (current edition), a full adult course of Hepatitis B vaccine consists of 3 doses, with an interval of 1-2 months between the first and second doses and an interval of 2-5 months between the second and third dose. This means that the minimum time to complete a course of Hepatitis B vaccine is three months.

Where a hepatitis B vaccination record is not available, a completed Attachment 9 hepatitis B statutory declaration witnessed by a GP or vaccination provider will be accepted.

Hepatitis B serology must be recorded as a numerical value.

MMR
You must provide evidence of two doses of MMR vaccine (at least one month apart) OR positive serology to all three diseases OR if you were born before 1966, evidence of vaccination or serology is not required. If you don’t have a complete MMR vaccination record of vaccination and serology indicates a ‘negative’ result, you will be required to obtain two doses of MMR vaccine at least one month apart. No follow-up serology required.

Rubella serology must be recorded as a numerical value.

VARICELLA
If you were vaccinated when you were 14 years or older, you must provide evidence of two varicella vaccinations (one month apart). If you received a varicella vaccination when you were less than 14 years of age, you only require evidence of one dose of varicella vaccine. Alternatively, evidence of positive varicella serology or a history of having had the chicken pox disease, may be provided as evidence.
### Personal Details

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given names</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State:</th>
<th>P/code:</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email</th>
<th>Staff/student ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact numbers (mobile)</th>
<th>(home)</th>
<th>(work)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Vaccination Record Card for Health Care Workers and Students

**Vaccine**

**Date** | **Batch No.** | **Official Certification by Vaccination Provider**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date</th>
<th>Batch No.</th>
<th>Official Certification by Vaccination Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus, acellular pertussis (whooping cough) vaccine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Booster 10 years after previous dose</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Hepatitis B vaccine | | |
|---------------------|---------------------|
| Dose 1 | Dose 2 | Dose 3 |

<table>
<thead>
<tr>
<th>AND</th>
<th>Serology: anti-HBs</th>
<th>Result</th>
<th>mIU/mL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR</td>
<td>Serology: anti-HBc</td>
<td>Positive</td>
</tr>
</tbody>
</table>

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

- Dose 1
- Dose 2
- Dose 3

**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

<table>
<thead>
<tr>
<th>Dose 1</th>
<th>Dose 2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OR</th>
<th>Serology Measles</th>
<th>IgG Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Serology Mumps</td>
<td>IgG Result</td>
</tr>
<tr>
<td></td>
<td>Serology Rubella</td>
<td>IgG Result</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Dose 1</th>
<th>Dose 2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OR</th>
<th>Serology Varicella</th>
<th>IgG Result</th>
</tr>
</thead>
</table>

#### TB Screening

**Date** | **Batch No. or Result** | **Given by/Read by**

<table>
<thead>
<tr>
<th>TB Screening</th>
<th>Date</th>
<th>Batch No. or Result</th>
<th>Given by/Read by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(clinic/practice stamp, full name and signature)</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>IGRA</th>
<th>Positive</th>
<th>Indeterminate</th>
<th>Negative</th>
</tr>
</thead>
</table>

**OR**

<table>
<thead>
<tr>
<th>TST injection</th>
<th>Induration</th>
<th>mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>TST injection if 2 step required</td>
<td>Induration</td>
<td>mm</td>
</tr>
</tbody>
</table>

**Other TB investigations** (including chest X ray)

- 
- 
- 
- 
- 

Revised April 2018
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

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

*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](http://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

Revised April 2018
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.

<table>
<thead>
<tr>
<th>Part</th>
<th>Undertaking/Declaration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I have read and understand the requirements of the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy</td>
</tr>
</tbody>
</table>
| 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  
   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. |
| 3    | a. history of an age-appropriate vaccination course, and serology result Anti-HBs ≥10mIU/mL OR  
   b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is <10mIU/mL (non-responder to hepatitis B vaccination) OR  
   c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ OR  
   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 Australian Immunisation Handbook, current edition) and provide a post-vaccination serology result within six months of my initial verification process. |
| 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 Specified Infectious Diseases: Risks and Consequences of Exposure) 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 □ No □

2. **If yes, have you had any episode of haemoptysis (coughing up blood)?**
   - Yes □ No □

3. **Have you had unexplained fever, chills or night sweats in the past month?**
   - Yes □ No □

4. **Have you had any unexplained weight loss in the past month?**
   - Yes □ No □

*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.*

### 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 □ No □

<table>
<thead>
<tr>
<th>Country</th>
<th>Duration of stay</th>
<th>Approximate dates/ year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*(attach a separate page if necessary)*

3. **Have you ever had contact with a person known to have TB?**
   - Yes □ No □

*If yes, detail the nature of the contact (attach separate page if necessary):*

4. **Have you ever been tested for TB before?**
   - Yes □ No □

*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.*

**Worker/Student Declaration:** I declare that the information provided on this form is correct

<table>
<thead>
<tr>
<th>Full name:</th>
<th>Worker cost centre (if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth: / /</td>
<td>Student ID (if applicable):</td>
</tr>
<tr>
<td>Phone:</td>
<td>NSW Health agency /Education provider:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

**Signature:**

**Date:**
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
<table>
<thead>
<tr>
<th>Western Pacific</th>
<th>List of Countries with a Tuberculosis Incidence of 40 cases per 100,000 Persons or Greater, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number TB cases per 100,000 persons</td>
<td>Korea, Democratic People’s Rep. 442</td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>Maldives 41</td>
</tr>
<tr>
<td>Cambodia 390</td>
<td>Nepal 158</td>
</tr>
<tr>
<td>China (including Taiwan) 68</td>
<td>Sri Lanka 65</td>
</tr>
<tr>
<td>Fiji 67</td>
<td>Thailand 171</td>
</tr>
<tr>
<td>Guam 40</td>
<td>Guinea 177</td>
</tr>
<tr>
<td>Hong Kong (SAR of China) 74</td>
<td>Eritrea 207</td>
</tr>
<tr>
<td>Korea, Republic of (South) 86</td>
<td>Afghanistan 189</td>
</tr>
<tr>
<td>Laos 189</td>
<td>Djibouti 619</td>
</tr>
<tr>
<td>Macau (SAR of China) 82</td>
<td>Iraq 43</td>
</tr>
<tr>
<td>Malaysia 103</td>
<td>Syria 40</td>
</tr>
<tr>
<td>Marshall Islands 335</td>
<td>Morroco 106</td>
</tr>
<tr>
<td>Micronesia, Federated States of 195</td>
<td>Pakistan 270</td>
</tr>
<tr>
<td>Mongolia 170</td>
<td>Somalia 274</td>
</tr>
<tr>
<td>Nauru 73</td>
<td>Sudan 94</td>
</tr>
<tr>
<td>Northern Mariana Islands 61</td>
<td>Yemen 48</td>
</tr>
<tr>
<td>Palau 42</td>
<td>Africa</td>
</tr>
<tr>
<td>Papua New Guinea 417</td>
<td>Number TB cases per 100,000 persons</td>
</tr>
<tr>
<td>Philippines 288</td>
<td>Algeria 78</td>
</tr>
<tr>
<td>Singapore 49</td>
<td>Angola 370</td>
</tr>
<tr>
<td>Solomon Islands 86</td>
<td>Benin 61</td>
</tr>
<tr>
<td>Tuvalu 190</td>
<td>Botswana 385</td>
</tr>
<tr>
<td>Vanuatu 63</td>
<td>Burkina Faso 54</td>
</tr>
<tr>
<td>Vietnam 140</td>
<td>Burundi 126</td>
</tr>
<tr>
<td>South East Asia</td>
<td>Cameroon 220</td>
</tr>
<tr>
<td>Number TB cases per 100,000 persons</td>
<td>Cape Verde 138</td>
</tr>
<tr>
<td>Bangladesh 227</td>
<td>Central African Republic 375</td>
</tr>
<tr>
<td>Bhutan 164</td>
<td>Chad 159</td>
</tr>
<tr>
<td>Burma (Myanmar) 369</td>
<td>Congo 381</td>
</tr>
<tr>
<td>East Timor 498</td>
<td>Congo, Democratic Republic of 325</td>
</tr>
<tr>
<td>India 167</td>
<td>Cote d’Ivoire 165</td>
</tr>
<tr>
<td>Indonesia 399</td>
<td>Equatorial Guinea 162</td>
</tr>
</tbody>
</table>


Last updated February 2016
Further information on tuberculosis (TB) screening

Do I need a TB screening?
Please check the list of high incidence tuberculosis countries.

You are required to undergo a Mantoux tuberculin skin test (TST) if you were
a) born in one of these countries OR
b) you have lived or travelled a cumulative 3 months or more during your lifetime in any of
these countries

I had a chest x-ray when I applied for my student visa. Do I still need TB screening?
Yes. Chest x-rays only show active or infectious tuberculosis. You may have latent or silent
tuberculosis which does not show on a chest x-ray. Latent or silent tuberculosis does not cause any
symptoms but can progress to active or infectious tuberculosis.

I've had a IGRA (QUANTAFERON GOLD test). Do I still need to have a Mantoux test?
Yes. The current occupational screening policy requires that students and staff who require TB
screening do so via a Mantoux test rather than an IGRA (Quantiferon gold). The rationale for this is
that in the past there has been less confidence in the use of IGRA.

Where can I get a TB screening and Mantoux TST?
The University Health Service T: 9351 3484 at the Wentworth Building on main campus offers this
service.

Do I need another chest x-ray?
Depending on the results of your Mantoux test, you may be required to have another chest x-ray.

Can I still attend placement if I need a TB screening?
Yes – You can be granted 6 months’ temporary verification & you can attend placement during this 6
months’ period provided you have;
a) completed all other vaccination requirements (including at least two documented doses of
hepatitis B vaccine, one month apart) and
b) presented your criminal record check at an on-campus verification session

You MUST complete your hepatitis B vaccination schedule and tuberculosis screening during this six
month period or your temporary verification will lapse.

You CANNOT attend placement after this six month period until you show evidence you have
completed your hepatitis B vaccination schedule and TB screening.

Further information on TB screening can be found on p3 of the document from NSW Health Sydney
Local Health District