

Pre-Employment Immunisation and Screening Requirements

Why is immunisation important for health care workers (HCWs)?

- Health care workers are at risk of exposure to infectious diseases while at work
- Many diseases can be prevented with immunisation
- Getting immunized protects your health and prevents the spread of disease between you and your patients, and between you and your family and friends
- Immunisation is a successful and cost-effective intervention for the prevention of disease

What routine screening/immunisations are recommended for HCWs?

- Hepatitis B
- Measles, mumps and rubella (MMR)
- Varicella
- Pertussis
- Influenza
- Tuberculosis screening

All recommended immunisations are provided free of charge

SJOGH is committed to providing a safe environment for all employees and patients. Maintaining immunity in our caregivers helps prevent transmission of vaccine-preventable diseases

THIS FORM MUST BE COMPLETED BY ALL NEW CAREGIVERS

Written evidence

Written evidence **must** be provided to support history of either natural infection or prior vaccination for the following vaccine preventable diseases:

- Measles, mumps, rubella, pertussis, varicella and hepatitis B

Evidence also needs to be provided for Tuberculosis (TB) screening and in some instances MRSA screening. This will be determined once you have completed and submitted the attached form

Evidence may be supplied in the following format:

- Vaccination records or cards
- Serology/blood test results via a report from a registered pathology provider or letter from a general practitioner
- Results of either a baseline Mantoux test or Quantiferon test for tuberculosis (TB) screening

Please note:

- Clinical caregivers who cannot receive vaccinations or undergo Mantoux or Quantiferon testing due to allergy or other medical reasons will need to provide appropriate medical documentation.
- If you suffer from any infectious disease, you must discuss your work practices with the Infection Control Services or your medical practitioner.

Failure to provide required evidence may impact on your ongoing employment.

**Please complete all fields on the reverse of this page
& attach copies of all relevant tests and vaccination records to this form.**

STAFF HEALTH PRE-EMPLOYMENT QUESTIONNAIRE

PLEASE PRINT CLEARLY

Family Name	Given Name	Sex M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth ____/____/____	Country of Birth	Tel No
Address	Suburb	Postcode
Email	Position	Dept./Ward
Commencement Date:	International recruit: Yes/No Previous SJOG employee: Yes/No	

DISEASE	Have you ever had the disease?	Have you ever been vaccinated against the disease?	Have you had a blood test to confirm immunity?	Have you attached written evidence?	Office Use Only
Hepatitis A	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Serology: Yes/No Vaccination: Yes/No
Hepatitis B	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Serology: Yes/No Vaccination: Yes/No
Measles	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Serology: Yes/No Vaccination: Yes/No
Mumps	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Serology: Yes/No Vaccination: Yes/No
Rubella	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Serology: Yes/No Vaccination: Yes/No
Varicella / Chicken Pox	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Serology: Yes/No Vaccination: Yes/No
Pertussis (Whooping Cough)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Date of vaccination ____/____/____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Vaccination: Yes/No
Tuberculosis (TB)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Have you had: Mantoux test <input type="checkbox"/> Yes <input type="checkbox"/> No Quantiferon test <input type="checkbox"/> Yes <input type="checkbox"/> No Result: _____ Date: ____/____/____	Yes <input type="checkbox"/> No <input type="checkbox"/>		Mantoux: Yes/No Quantiferon: Yes/No

WESTERN AUSTRALIAN CAREGIVERS ONLY

Have you worked or been a patient in a hospital outside WA in the last 12 months? Yes ☐ No ☐

If Yes, have you subsequently been screened for MRSA? Yes ☐ No ☐

Have you attached the result? Yes ☐ No ☐

MRSA screen: Yes/No

Declaration

I declare that the information I have provided is accurate and that I have not withheld any relevant information.

Applicants Signature _____

Date ____/____/____

Office Use Only

Serology request sent: Yes/No

Vaccination request sent: Yes/No

Database completed: Yes/No

Signature _____ Date ____/____/____