Appendix 3:

Staff Health Pre-Employment Questionnaire

Pre-Employment Immunisation and Screening Requirements

THIS FORM **MUST** BE COMPLETED BY HORIZON HOUSE CAREGIVERS PRIOR TO EMPLOYMENT.

Horizon House Caregivers:

- **Must provide written evidence** (via a report from a registered pathology provider, letter from a general practitioner or vaccination record) of a history of either natural infection or vaccination for the following:
  - MMR: measles, mumps, rubella,
  - dTpa: diphtheria, tetanus, pertussis (whooping cough)
  - varicella (chicken pox) and
- Caregivers who cannot receive vaccinations due to allergy or other medical reasons will need to provide appropriate medical documentation.
- **Failure to provide required evidence may impact on your ongoing employment.**

Please note:
If you suffer from any infectious disease, you must discuss your work practices with the Infection Control Services or your medical practitioner.

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

HORIZON HOUSE STAFF HEALTH PRE-EMPLOYMENT QUESTIONNAIRE

PLEASE PRINT CLEARLY		
Family Name	Given Name	Sex M ☐ F ☐
Date of Birth / /	Country of Birth	Tel No
Address	Suburb	Postcode
Position	Dept./Ward	
Commencement Date:	International recruit: ☐Yes / ☐ No	

Disease / Vaccine	Have you had the disease?	Have you ever been vaccinated?	Year Vaccinated?	Have you had any blood tests / serology?	Copy of results attached NB: Repeat serology will be required if previous results are not available	Office Use Only
MEASLES (caregivers born after 1966 must have evidence of 2 doses of vacs)	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure		☐ Yes ☐ No	☐ Yes ☐ No	Serology: ☐ Yes / ☐ No Vacc Required: ☐ Yes / ☐ No
MUMPS (2 dose schedule completed) usually combined MMR	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure		☐ Yes ☐ No	☐ Yes ☐ No	Serology: ☐ Yes / ☐ No Vacc Required: ☐ Yes / ☐ No
RUBELLA	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure		☐ Yes ☐ No	☐ Yes ☐ No	Serology: ☐ Yes / ☐ No Vacc Required: ☐ Yes / ☐ No
VARICELLA / CHICKEN POX	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure		☐ Yes ☐ No	☐ Yes ☐ No	Serology: ☐ Yes / ☐ No Vacc Required: ☐ Yes / ☐ No
PERTUSSIS (WHOOPING COUGH, Diphtheria and Tetanus)	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure		Not applicable		Vaccination required: ☐ Yes / ☐ No
DIPHTHERIA	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure		Not applicable		Vaccination required: ☐ Yes / ☐ No
TETANUS	☐ Yes ☐ No ☐ Unsure	☐ Yes ☐ No ☐ Unsure		Not applicable		Vaccination required: ☐ Yes / ☐ No

WESTERN AUSTRALIAN CAREGIVERS ONLY

Have you worked, or been a patient in a hospital outside WA in the past 12 months? ☐ Yes / ☐ No
Have you worked in a residential care facility in WA in the past 12 months? ☐ Yes / ☐ No
Have you been screened for MRSA in WA within the last 12 months? ☐ 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 fom sent: ☐Yes / ☐No Vaccination letter sent: ☐ Yes / ☐ No Database complete: ☐Yes / ☐ No

Signature: _____ Date: ____ / ____ / ____