



Participation in Occupational Assessment, Screening and Vaccination

Health Care Workers New to ACT Health and Existing Health Care Workers Applying for New Positions

You must complete this form if you are a health care worker (HCW) who is applying for a Category A position or a student clinical placement. Refer to the ACT Health *Occupational Assessment, Screening and Vaccination* procedure for more information.

You must attach evidence of your protection against the specified infectious diseases, in accordance with **Information Sheet 2 Checklist of Required Evidence of Protection**.

APPLICATION FOR A CATEGORY A POSITION

Return your completed **Form 1** to the Occupational Medicine Unit (OMU) or Calvary Health Care Bruce Staff Health Department (CHC Bruce SH) as soon as possible. **DO NOT ATTACH THIS FORM TO YOUR JOB APPLICATION.** You should retain a copy for your own records. Ensure you also return your completed **Form 3 Tuberculosis (TB) Screening Assessment Tool**.

If you are a vaccine non-responder or a HCW with a medical contraindication to a vaccination, please also complete and return **Form 4 Vaccine Non-Responders and Health Care Workers with a Medical Contraindication to a Vaccine**.

The OMU or CHC Bruce SH will assess your form(s) and decide whether further clinical review or testing is required.

A **Certificate of Occupational Assessment, Screening and Vaccination** is a requirement for Category A positions. Without a certificate, you will not be eligible for a Category A position. You may be issued a certificate as a **protected** or an **unprotected** HCW.

APPLICATION FOR A STUDENT CLINICAL PLACEMENT

Return your completed **Form 1** to your educational institution as soon as possible after enrolment. If you are under 18 years of age, your parent/guardian must also sign your completed form. You should retain a copy for your own records. Ensure you also return your completed **Form 3 Tuberculosis (TB) Screening Assessment Tool**. Your educational institution will forward the original forms to ACT Health.

Note: Dental, medical and midwifery students must complete Part 7 Exposure Prone Procedures of this form.

If you are a vaccine non-responder or have a medical contraindication to a vaccination, please also complete and return **Form 4 Vaccine Non-Responders and Health Care Workers with a Medical Contraindication to a Vaccine**.

ACT Health will assess your form(s) and decide whether clinical review or testing is required and issue your **Certificate of Occupational Assessment, Screening and Vaccination**.

You cannot commence a clinical placement if you are not issued a certificate. You may be issued a certificate as a **protected** or an **unprotected** HCW.

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► **Your Personal Details** *Please print.*

Please Tick: Category A Job Applicant Student

▲ Surname	▲ First Name	▲ DOB
▲ Home Address	▲ Educational Institution (if student)	▲ Post Code
▲ Telephone/Mobile	▲ Email	▲ Gender
▲ Job Designation (e.g., Registered Nurse, Student)	▲ Student Number (if student)	

2 I have read and understand the requirements of the **Occupational Assessment, Screening and Vaccination** procedure.

3 I consent to participate in the assessment, screening and vaccination process for the specified infectious diseases and I am not aware of any personal circumstances that would prevent me from satisfying all requirements. **OR**
 I consent to participate in the assessment, screening and vaccination process for some of the specified infectious diseases but am unable to satisfy all requirements because I am a vaccine non-responder and/or have a medical contraindication to a vaccine. **If yes, complete and submit Form 4 Vaccine Non-Responders and Health Care Workers with a Medical Contraindication to a Vaccine.**

▶ If you are a HCW new to ACT Health or an existing HCW applying for a new Category A position you **must** consent to participate in the assessment, screening and vaccination process. Category A job applicants identified as being suitable to fill a Category A job **will not be offered employment** if they **do not participate** in the assessment, screening and vaccination process.

4 Do you have evidence of vaccination to, and/or immunity against, the following **vaccine preventable** infectious diseases?

▶ Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	▶ Diphtheria	<input type="checkbox"/> Yes <input type="checkbox"/> No	▶ Varicella	<input type="checkbox"/> Yes <input type="checkbox"/> No
▶ Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	▶ Tetanus	<input type="checkbox"/> Yes <input type="checkbox"/> No	▶ Influenza	<input type="checkbox"/> Yes <input type="checkbox"/> No
▶ Rubella	<input type="checkbox"/> Yes <input type="checkbox"/> No	▶ Pertussis	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If yes, attach required evidence as outlined in Information Sheet 2.

5 Do you have evidence of protection against **Hepatitis B**? Yes No **If yes, attach evidence as outlined in Information Sheet 2.**

If no:

- Have you received at least the first dose of HBV vaccine? Yes No
- Do you agree to complete the HBV vaccine course within the **minimum*** possible timeframe? Yes No
- Do you agree to provide ACT Health with a post-vaccination serology result **within 6 weeks** completion of the HBV vaccine course? Yes No

*Refer to **Part 10** of the ACT Health *Occupational Assessment, Screening and Vaccination* procedure.

6 I have read **Information Sheet 3 Risks, Consequences of Exposure and Protective Measures** and understand the risks of infection, consequences of infection and management in the event of exposure.
 I agree to comply with the protective measures required in **Information Sheet 3**.
 I understand I can contact the OMU on 02 6244 2321 or CHC Bruce SH on 02 6264 7076 during work hours if I have any concerns about my immunisation or immunity status or if I wish to discuss a Hepatitis B, Hepatitis C or HIV diagnosis.

EXPOSURE PRONE PROCEDURES (EPPs)

7 **ONLY COMPLETE PART 7 IF YOU ARE A CATEGORY A1 HCW.**

HCWs who perform EPPs are **Category A1 HCWs** and must consent to provide information about their blood borne virus (BBV) status, which includes information about **Hepatitis B, Hepatitis C** and **HIV** status. Refer to the *Australian National Guidelines for the Management of Health Care Workers Known to be Infected with Blood Borne Viruses* and **Information Sheet 2**.

HBV Status Do you have evidence of serological testing for **Hepatitis B** within the last 12 months?

- Yes **If yes, attach evidence as outlined in Information Sheet 2.**
 No **If no, you must obtain evidence as outlined in Information Sheet 2.**

▶ If you do **not consent** to provide evidence, you **will not be offered employment**.

HCV Status Do you have evidence of serological testing for **Hepatitis C** within the last 12 months?

- Yes **If yes, attach evidence as outlined in Information Sheet 2.**
 No **If no, you must obtain evidence as outlined in Information Sheet 2.**

▶ If you do **not consent** to provide evidence, you **will not be offered employment**.

HIV Status Do you have evidence of serological testing for **HIV** within the last 12 months?

- Yes **If yes, attach evidence as outlined in Information Sheet 2.**
 No **If no, you must obtain evidence as outlined in Information Sheet 2.**

▶ If you do **not consent** to provide evidence, you **will not be offered employment**.

Have you had an **occupational or non-occupational exposure** to a BBV since you were last tested?

- Yes **If yes, attach details in a separate page.**
 No

EXPOSURE PRONE PROCEDURES (EPPs) cont'd

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ONLY COMPLETE PART 8 IF YOU ARE A CATEGORY A1 HCW INFECTED WITH A BBV.

For more information, refer to the *Australian National Guidelines for the Management of Health Care Workers Known to be Infected with Blood Borne Viruses* and the *ACT Health Blood Borne Virus Infection in Health Care Workers: Determination and Management of Scope of Clinical Practice and Chief Health Officer Notification* procedure.

Is your BBV infection being managed by a medical specialist?

- Yes *If yes, attach details in a separate page.*
 No *If no, attach details in a separate page.*

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▲ <i>Print Name</i>	▲ <i>Signature</i>	▲ <i>Date</i>

▼ **Only complete if applicant is a student aged <18 yrs.**

▲ <i>Print Name of Parent/Guardian</i>	▲ <i>Signature of Parent/Guardian</i>	▲ <i>Date</i>