



Participation in Occupational Assessment, Screening and Vaccination

You must complete this form and **attach evidence** of your protection against the specified infectious diseases, in accordance to table in section 4 below.

Return your completed **Forms 2 and 3**, and **evidence** of protection to the Occupational Medicine Unit (CHSOMU@act.gov.au) as soon as possible.

1	Your Personal Details (please print)		AGS number: _____
	▲ Surname	▲ First Name	▲ Date of Birth
	▲ Home Address	▲ Post Code	▲ Gender
	▲ Telephone/Mobile	▲ Email	
	▲ Job position	▲ Working Area	▲ Manager Name

2	Please read the Occupational Assessment, Screening and Vaccination procedure to understand the requirements before attending the OMU.
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3	<input type="checkbox"/> 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 <input type="checkbox"/> I consent to participate in the assessment, screening and vaccination process some of the specified infectious diseases but I am unable to satisfy all requirements because I am a vaccine non-responder and/or have a medical contraindication to a vaccine. Please also complete and submit <i>Form 4 Vaccine Non-Responders and Health Care Workers with a Medical Contraindication to a Vaccine</i> . OR <input type="checkbox"/> I abstain from participating in the occupational assessment, screening or vaccination process and I have completed and attached <i>Form 5 Non-Participation in Occupational Assessment, Screening and Vaccination</i> .
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4	<input type="checkbox"/> I have read Information Sheet 3 Risks, Consequences of Exposure and Protective Measures and agree to comply with protective measures required by ACT Health.
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Tick relevant available evidence and attach evidence with this form.

DISEASE	EVIDENCE OF VACCINATION	SEROLOGY RESULTS	OTHER EVIDENCE
Diphtheria, Tetanus, Pertussis	<input type="checkbox"/> One <u>adult</u> dose of diphtheria/tetanus/pertussis vaccine (dTpa) within last 10 years. Not ADT.	Serology will not be accepted.	Not applicable.
Hepatitis B	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine. A verbal history and written declaration are acceptable if all attempts fail to obtain the vaccination record.	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL.	Documented evidence of anti-HBc or HBS antigen.
Varicella zoster (chicken pox/shingles)	<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.	<input type="checkbox"/> ...VZV PCR confirmed chickenpox or shingles
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.	<input type="checkbox"/> Birth date before 1966.
Tuberculosis screening (TB) (If required)	Not applicable.	Note: Also complete and refer to Form 3 to see if tuberculosis screening +/- clinical review by the Department of Respiratory and Sleep Medicine is required. Tuberculosis screening is available for existing staff members through the Department of Respiratory and Sleep Medicine.	
Influenza (Flu)	<input type="checkbox"/> Annual influenza vaccination, noting it is preferable for the flu vaccine to be administered between the months of March and June through to September. This vaccine is recommended but not mandatory.	Not applicable.	Not applicable.

For staff members who are/may be required to perform **Exposure Prone Procedures (EPPs)**, serology testing for blood borne viruses listed below is recommended. Examples of professions that perform EPPs include surgeons and operating assistants, dentists, obstetricians and midwives, and trauma physicians and nurses. This includes ALL dental, medical and midwifery students.

EPPs are invasive procedures where there is potential for direct contact between the skin (usually finger or thumb of the HCW) and sharp surgical instruments, needles or sharp tissues, spicules of bone or teeth in body cavities or in poorly visualised or confined body sites, including the mouth of the patient.

DISEASE	SEROLOGY RESULTS	OTHER COMMENT
Hepatitis B	<input type="checkbox"/> HBs antigen	Serology must be dated within the last 3 years.
Hepatitis C	<input type="checkbox"/> HCV antibody	
Human Immunodeficiency Virus (HIV)	<input type="checkbox"/> HIV antibody /antigen	

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▲ Print name

▲ Signature

▲ Date