

New Employee Checklist

To receive an employment contract ensure you have completed all sections of this checklist and signed the declaration.

All new Category A staff **must** meet **all** requirements of the CHHS17/233 - *Occupational Assessment Screening and Vaccination* procedure **before** they will be offered an employment contract (CHHS 17/233, section 4.1).

Please tick each of the following check boxes, attach the required documentary evidence and sign the declaration at the bottom of this form before submitting. Failure to complete any of these requirements will delay the employment process until you provide the missing information.

Please complete all requirements listed below, ensure you have ticked all boxes and that you have signed the declaration at the bottom of this form. Failure to fully complete this documentation or not providing all required records will delay your certificate of compliance and employment contract.

Tick each box when you have completed the requirement.

<input type="checkbox"/>	Form 1: Participation in Occupational Assessment, Screening and Vaccination <u>with supporting evidence</u> as per <u>Information Sheet 2</u>.
<input type="checkbox"/>	A dTpa (combined Diphtheria/Tetanus/ Pertussis) vaccination, administered <u>within the last ten years</u> (serology will not be accepted).
<input type="checkbox"/>	Protection against Hepatitis B – history of completed age-appropriate course of Hepatitis B vaccination <u>and</u> anti-HBs \geq 10mIU/ml <u>or</u> documented evidence of anti-HBc or HBS antigen
<input type="checkbox"/>	Positive IgG for Measles, Mumps and Rubella <u>and/or</u> two vaccine doses, administered no less than four weeks apart <u>and/or</u> birth date before 1966
<input type="checkbox"/>	Positive IgG for Varicella <u>and/or</u> two vaccine doses, administered no less than four weeks apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age)
<input type="checkbox"/>	If your position has been classified as a Category A-EPP (Exposure prone Procedure) staff member – HIV antibody/antigen, Hepatitis B antigen and Hepatitis C antibody screening, attended <u>within the last three (3) years</u> .

<input type="checkbox"/>	Form 3: Tuberculosis (TB) Screening Assessment Tool <u>with supporting evidence</u> as per <u>Information Sheet 2</u>:
<input type="checkbox"/>	Negative Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA) – TB Quantiferon , attended <u>within the last twelve months</u> * TB screening attended more than twelve months ago <u>will not be accepted</u> .

<input type="checkbox"/>	Form 4: Vaccine non-responders and staff with a medical contraindication to the administration of a vaccine (only if applicable) <u>with evidence of your circumstance</u>
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Declaration:

I have provided all information requested above and have ticked all checkboxes on this form and signed this declaration.

Print Name: _____

Signature: _____

Once you have completed all sections of this checklist, please send it with all required forms and supporting evidence to ACTHealthHR@act.gov.au.