

## **NSW STUDENT VACCINATION RECORD CARD COMPLETION GUIDE**

(Vaccination Requirements for Professional Experience Placement (PEP) within NSW Health and Private Health Care Agencies)

University of Tasmania is required to comply with Commonwealth and State legislation and regulations to ensure the safety of students and healthcare consumers. The College of Health and Medicine has a duty of care towards both students and healthcare consumers to prevent/minimise the risk of transmission of infectious or blood-borne diseases.

All vaccinations, screening and serology reports **MUST** be documented on the NSW Health Vaccination Record Card for Health Care Workers and Students to enable you to comply with both the College of Health and Medicine & NSW Health Policy requirements.

- The hard copy NSW Health Vaccination Record Card for Health Care Workers and Students is available from the NSW PEP Team and must be completed by a health care provider.
- Students are responsible for all costs associated with completing their vaccination compliance.
- Attached to this completion guide is a sample NSW Health Vaccination Record Card for Health Care Workers and Students. It is recommended that you take this guide to your GP with your Vaccination Record Card.
- A clinic/practice stamp, practitioner name and signature are all required next to each individual entry on the Vaccination Record Card. All vaccination and serology entries on the Vaccination Record Card must be legible and in English.

Prior to visiting your GP, please check the following sources for your vaccination records: Medicare Immunisation History Statement, child health records/baby books, vaccination/travel clinics, staff health records and GP medical records.

Please start the vaccination compliance process as soon as possible as it may take more than 8 or 9 months to complete the process. Once you have seen your GP and they have commenced your Vaccination Record Card you are required to:

- Scan your Vaccination Record Card and serology/screening reports into a single PDF and upload to InPlace for verification by the NSW Authorised Nurse Immuniser after each individual vaccination (if required) for verification during the Semester and at other times as requested. Once you have completed all vaccination/serology/screening requirements, your Vaccination Record Card needs to be scanned into a single PDF and uploaded to InPlace for final verification.
- Take your Vaccination Record Card with you on 1<sup>st</sup> day of PEP to all Private Health Care Agencies.

If you do not upload your Vaccination Record Card to InPlace and/or submit all other compliance documents to your PEP Coordinator/NSW Authorised Nurse Immuniser by the due date(s) you may not be eligible to undertake PEP as scheduled.

Further information regarding [Vaccine Preventable Diseases](#) is available from the [College of Health and Medicine Compliance](#) Webpage

**To upload your Vaccination Record Card into InPlace:**

Login to InPlace: <https://inplace.utas.edu.au/>

- click 'Staff and Students'
- Your **username** is your University email address, i.e. [student123@utas.edu.au](mailto:student123@utas.edu.au)

Your **password** is the same for all University accounts, i.e. MyLO, eStudent and Webmail

NSW Health Vaccination Record Card for Health Care Workers and Students	
Completion Instructions for Health Care Providers	
Disease	Vaccination Record Card entry must include
<b>Diphtheria, Tetanus and Pertussis</b>	<p>One adult dose of dTpa vaccine given within the last 10 years Documented on Vaccination Card including</p> <ul style="list-style-type: none"> <li>Date of administration <b>AND</b> batch number (OR notation that the vaccine was documented on the AIR) <b>AND</b> Health care provider signature <b>AND</b> health care provider practice stamp</li> <li><b>No serology results are accepted. Do not use ADT vaccine</b></li> </ul>
<b>Hepatitis B</b>	<ul style="list-style-type: none"> <li>Documented history of a completed age appropriate course of Hep B vaccinations (all Hep B vaccines must be documented on Vaccination Card including date of administration, batch number where possible AND health care provider signature and practice stamp) <b>AND</b> positive Hep B immunity surface antibody serology. The result must only be recorded as a numerical value. <math>\geq 10</math> IU/ml equals immunity. Please note: 'positive', 'immune' or 'detected' are not accepted <b>OR</b></li> <li>If a student has been vaccinated but cannot locate their Hep B vaccination records, and they show <math>\geq 10</math> IU/ml Hep B immunity, verbal history of Hep B vaccinations must be recorded on the Vac Card by health care provider along with signature and practice stamp AND NSW Health Hepatitis B Vaccination Declaration that has been completed by the student and witnessed by a GP or Authorised Nurse Immuniser. This Vaccination Declaration must always accompany the NSW Vaccination Record Card <b>OR</b></li> <li>Documented evidence of positive/detected Hepatitis B Core Antibodies, indicating past Hepatitis B infection</li> <li><b>If after the course of 3 Hepatitis B vaccinations your Hep B immunity serology is below 10 IU/ml, please contact NSW PEP team ASAP for further information, as further Hep B vaccinations and serology will be required.</b></li> </ul>
<b>Measles, Mumps, Rubella</b>	<ul style="list-style-type: none"> <li>Evidence of two MMR vaccinations, administered at least one month apart and documented on the Vac Card including date of administration, batch number where possible, health care provider signature and practice stamp <b>OR</b></li> <li>Serology result indicating positive IgG for Measles and Mumps and Rubella <b>OR</b></li> <li>Born prior to 1966</li> <li><b>Please note</b> - Rubella serology result must be recorded on the Record as a numerical value ONLY. Please <i>note</i>: 'positive', 'immune' or 'detected' are not accepted) <b>AND</b></li> <li>Rubella serology pathology report must also be attached to the Record Card in a single pdf document.</li> </ul>

<b>Varicella</b>	<p>EITHER</p> <ol style="list-style-type: none"> <li>Evidence of an age appropriate course of vaccination: <ul style="list-style-type: none"> <li>If vaccinated at under 14 years old, evidence of one (1) Varicella vaccination.</li> <li>If vaccinated at 14 years or older, evidence of two (2) Varicella vaccinations, administered at least one month apart. <ul style="list-style-type: none"> <li>All Varicella vaccinations must be documented on the Vaccination Card including date of administration, batch number where possible, health care provider signature and practice stamp <b>OR</b></li> </ul> </li> </ul> </li> <li>Positive Varicella IgG serology <b>OR</b></li> <li>Australian Immunisation Registry (AIR) History Statement that records natural immunity to chickenpox</li> </ol>
<b>TB</b>	<p><b>TB Screening- Interferon Gamma Release Assay (IGRA) or Tuberculin Skin Test (TST)</b> is required if:</p> <ul style="list-style-type: none"> <li>If you were born in a country with a high incidence of TB, or have resided or travelled for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: <a href="http://www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf">http://www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf</a>,</li> <li><b>OR</b> if you have previously been assessed as TB compliant but have resided or travelled for a cumulative period of 3 months or more to a country/countries with a high incidence of TB since your last TB assessment</li> <li><b>OR</b> if you have had contact with a person who has infectious TB disease</li> <li><b>OR</b> if you are at high risk of acquiring TB</li> </ul>
	<p><b>IGRA</b></p> <ul style="list-style-type: none"> <li>IGRA blood test can be ordered by your GP - it must be done one month apart from the administration of any live vaccines (MMR &amp; Varicella). IGRA results must be documented on your Record Card including date of test, and either a positive or negative or indeterminate result, health care provider signature and practice stamp</li> <li>If your IGRA serology is indeterminate, a 2<sup>nd</sup> IGRA serology test will be required with results recorded on the Vac Card</li> <li>If your IGRA serology is positive you will require a Clinical Review at a NSW Health TB Service/Chest Clinic.</li> </ul> <p><b>TST/Mantoux</b></p> <ul style="list-style-type: none"> <li>Must only be performed at a designated NSW Health TB Service/Chest Clinic, not by a GP or pathology company. It must be one month apart from the administration of any live vaccines (MMR &amp; Varicella)</li> <li>If you have a history of a BCG vaccination or if you have never had a BCG vaccination, this must also be recorded on the Vac Card at 'TB Screening' under 'History of BCG vaccination'</li> </ul> <p><b>TST/Mantoux Tests Interpretations:</b></p> <ul style="list-style-type: none"> <li>Reaction is negative, and no BCG scar, no further action required</li> <li>Reaction is positive, further advice is required from a NSW Health TB Service</li> </ul> <p>All entries must include date, health care provider signature, health care provider practice stamp.</p>

<b>Influenza</b>	<p>For all UTas students undertaking PEP during influenza season (1<sup>st</sup> June- 30<sup>th</sup> September each year), and all paramedicine students during other periods, the annual influenza vaccination is mandatory.</p> <p>Evidence of the annual influenza vaccination MUST be provided prior to 1<sup>st</sup> June each year using the following forms of evidence</p> <ul style="list-style-type: none"><li>• Medicare Immunisation Statement <b>OR</b></li><li>• Pharmacy/Hospital/NSW Health record <b>OR</b></li><li>• GP Immunisation Summary list</li></ul>
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# Vaccination Record Card for Category A Workers (including Students)



Personal Details (please print)

Please refer to instructions on page 3

Surname	GAZING		Given Names	Star
Address	1 Milky Way Outer Galaxy			
	State: NSW	P/code: 2000	Date of Birth	02/02/2000
Staff/student ID	000 000			
Email	Star.Gazing@uts.edu.au			
Contact Numbers	Mobile: 0000 000 000	Work:	N/A	
Medicare Number	0000 0000 00 00 00		Position on card: 0	Expiry date: 00 / 0000

Vaccine	Date	Batch No. (where possible) and Brand name	Official practice
<b>Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine</b>			
Dose 1	1/1/2023	AZ37B000AA	Dr Full Moon Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A F Moon 1/1/2023
Booster 10 years after previous dose			
Booster 10 years after previous dose			

COVID-19 vaccine (TGA approved/recognised vaccine)			
Primary course (2 doses) (Janssen COVID-19 vaccine single dose primary course is acceptable)	1/5/2021 1/7/2021	AIR statement or COVID-19 AIR statement attached (required) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOT REQUIRED
OR Evidence of a temporary or permanent medical contraindication		AIR statement with recorded medical contradiction attached <input type="checkbox"/> YES <input type="checkbox"/> NO	NOT REQUIRED

Hepatitis B vaccine (age appropriate course of vaccinations AND hepatitis B surface antibody $\geq 10$ mIU/mL OR core antibody positive)			
Dose 1	1/1/2023	AHBVLO00AA	Dr Full Moon Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A F Moon 1/7/2023
Dose 2	1/2/2023	AHBVLO00AA	
Dose 3	1/6/2023	AHBVLO00AA	

AND			
Serology: anti-HBs (Numerical value)	1/7/2023	Result $>1000$ mIU/mL	Dr Full Moon Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A F Moon 1/7/2023
		Result mIU/mL	
OR Serology: anti-HBc		Positive Negative	

Measles, Mumps and Rubella (MMR) vaccine (2 doses MMR vaccine at least 1 month apart OR positive serology for measles, mumps and rubella OR birth date before 1966) Serology is NOT REQUIRED following completion of a documented MMR vaccination course.			
Dose 1	1/1/2023	A00FC000AA	Dr Full Moon Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A F Moon 1/2/2023
Dose 2	1/2/2023	A00FC000AA	
Booster if required			
OR			
Serology Measles		IgG Result	
Serology Mumps		IgG Result	
Serology Rubella (include numerical value and immunity status as per lab report: Positive / Negative / Low level / Equivocal / Booster required)			
		IgG Result	



Personal Details (please print)

Surname	GAZING	Given name:	Star
Date of Birth	00/00/0000	Staff/student ID	000 000
Contact	Mobile:	Work:	

Vaccine	Date	Batch No. (where possible) and Brand name	Official Certification by Vaccination Provider (clinic/ practice stamp, full name and signature next to each entry)
<b>Varicella vaccine</b> (age appropriate course of vaccination OR positive serology OR AIR history statement that records natural immunity to chickenpox)			
Dose 1	<input type="checkbox"/> Tick if given prior to 14 years	1/1/2023 A70CA 00A	<b>Dr Full Moon</b> <b>Milky Way General Practice</b> <b>Southern Cross Drive</b> <b>Outer Galaxy NSW 2099</b> <b>Provider No: 1234567A</b> <i>F Moon</i> <i>1/2/2023</i>
Dose 2		1/2/2023 A70CA 00A	
OR			
Serology Varicella	1/12/2022	IgG Result Negative	
OR			
Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox		AIR Statement Sighted <input type="checkbox"/> YES <input type="checkbox"/> NO	

Vaccine	Date	Batch No. (where possible) and Brand name	Official Certification by Vaccination Provider (clinic/p
<b>Influenza vaccine</b> (strongly recommended for all workers & mandatory for Category A workers)			
PR MR	1/5/2023	FL Quadri	<b>Dr Full Moon</b> <b>Milky Way General Practice</b> <b>Southern Cross Drive</b> <b>Outer Galaxy NSW 2099</b> <b>Provider No: 1234567A</b> <i>F Moon</i> <i>1/5/2023</i>
TB Screening	Date	Batch No. (where possible) or Result	Assessed by/Given by/Read by (clinic/practice stamp, full name and signature)
Requires TB screening?	25/1/2023	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Dr Full Moon</b> <b>Milky Way General Practice</b> <b>Southern Cross Drive</b> <b>Outer Galaxy NSW 2099</b> <b>Provider No: 1234567A</b> <i>F Moon</i> <i>1/3/2023</i>
Past vaccination BCG	25/1/2023	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Interferon Gamma Release Assay (IGRA) (circle test result)</b>			
IGRA	1/2/2023	Positive Indeterminate <u>Negative</u>	<b>Dr Full Moon</b> <b>Milky Way General Practice</b> <b>Southern Cross Drive</b> <b>Outer Galaxy NSW 2099</b> <b>Provider No: 1234567A</b> <i>F Moon</i> <i>1/3/2023</i>
IGRA		Positive Indeterminate Negative	
<b>Tuberculin Skin Test (TST) - TB Service/Chest Clinic only</b>			
TST Administration			
TST Reading		Induration mm	
TST Administration			
TST Reading		Induration mm	
Referral to TB Service/ Chest Clinic for TB Clinical Review required?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>TB Clinical Review</b>			
Chest X-ray			
Other			
<b>TB Compliance - TB Service/Chest Clinic or OASV Assessor (circle correct response)</b>			
TB Compliance Assessment	1/3/2023	<u>Compliant</u> Temporary Compliance Non-compliant	
TB Compliance Assessment		Compliant Temporary Compliance Non-compliant	