

Vaccination Record Card for Health Care Workers and Students



Personal Details (please print)

Please refer to instructions overleaf

Surname	GAZING		Given names	STAR
Address	63 MILKY WAY OUTER GALAXY			
	State:	P/code:	Date of Birth	00/00/00
Email	sgazing@utas.edu.au		Staff/student ID No.	000 000
Contact numbers	(mobile)	(home)	(work)	

Vaccine	Date	Batch No.	Official Certification by Vaccination Provider (clinic/practice stamp, full name and signature)	
Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough)			Dr Full Moon Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A	
Dose 1			pa vaccine	
Booster 10 years after previous dose	11/2/17	AC37B075	W	
Hepatitis B vaccine (age appropriate course of vaccinations AND hepatitis B surface antibody ≥ 10mIU/mL OR core antibody positive)			Dr Full Moon Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A	
Dose 1	11/2/17	AHBVC123C	W	Dr Full Moon Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A
Dose 2	3/1/18	AHBVC8586C	W	Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A
Dose 3	1/6/18	AHBVC2171C	W	Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A
AND				
Serology: anti-HBs	10/7/18	Result 878 mIU/mL	W	Dr Full Moon Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A
OR		Result mIU/mL		
Serology: anti-HBc		Positive Negative		
Influenza vaccine (strongly recommended for all health care workers & many students)			Dr Full Moon Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A	
Fluarix Tetra	30/4/18	AFLBA285AA	W	Dr Full Moon Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A
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 1999)			Dr Full Moon Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A	
Dose 1	11/2/17	A69FC720A	W	
Dose 2	3/1/18	A69FC456A	W	
OR			Dr Full Moon Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A	
Serology Measles		IgG Result		
Serology Mumps		IgG Result		
Serology Rubella		IgG Result		
Varicella vaccine (age appropriate course of vaccination OR positive serology)			Dr Full Moon Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A	
Dose 1				
Dose 2				
OR Serology Varicella	11/2/17	IgG Result positive	W	
TB Screening	Date	Batch No. or Result	Given by/for (clinic/practice stamp)	Signature
Requires TB screening?	11/2/17	YES NO (please circle)	W	
History of BCG vaccination	11/2/17	YES NO (please circle)	W	
TB screening - Interferon Gamma Release Assay (IGRA) OR Tuberculin Skin Test (TST) TB Services only				
IGRA	11/2/17	Positive Indeterminate Negative	W	Dr Full Moon Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A
OR				
TST injection				
Reading		Induration mm		
TST injection if 2 step required				
Reading		Induration mm		
Other TB investigations (including chest X ray)				