NSW STUDENT VACCINATION RECORD COMPLETION GUIDE

Vaccination Requirements for Professional Experience Placement (PEP) within NSW Healthcare Agencies

The 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 or minimise the risk of transmission of infectious or blood-borne diseases.

This fact sheet accompanies the Vaccination Record Card for Health Care Workers and Students. All vaccinations, screening and serology reports MUST be documented on the Vaccination Record Card to enable you to comply with both the College of Health and Medicine & NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Policy (PD2018_009) for students undertaking PEP in NSW health care agencies.

It is a NSW Health requirement that only a GP or an Authorised Nurse Immuniser complete the Vaccination Record Card for Health Care Workers and Students. A clinic/practice stamp, practitioner name and signature is required next to all entries on the Vaccination Record Card. All vaccination records and 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- child health records/baby books, vaccination/travel clinics, staff health records and GP medical records. Students previously immunised in Australia may also be able to download their immunisation history from the Australian Immunisation Register.

The Vaccination Record Card for Health Care Workers and Students is available from the NSW PEP Team. Students are responsible for all costs associated with completing vaccination compliance. It is recommended that you take this letter to your health care provider with your vaccination card.

Once you have commenced your Vaccination Record Card you are required to:

- Scan your Vaccination Record Card 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 Semester 1 Year 1 and at other times as requested
- After uploading your Vaccination Record Card to InPlace, you will also need to submit it to NSW Health during ClinConnect Bulk Compliance Day on campus in Semester 1 Year 1 and at other times as required
- Once you have completed all vaccination/serology/screening requirements, your Vaccination Record Card needs to be scanned into a single PDF and upload to InPlace for final verification.
- Take your Vaccination Record Card with you on 1st 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 end of Semester 1 Year 1, 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
Your password is the same for all University accounts, i.e. MyLO, eStudent and Webmail
<table>
<thead>
<tr>
<th>Disease</th>
<th>Vaccination Record Card entry must include</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>One adult dose of dTpa vaccine given within the last 10 years</td>
</tr>
<tr>
<td>Diphtheria, Tetanus and Pertussis</td>
<td>Documented on Vaccination Card including</td>
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<tr>
<td></td>
<td>• Date of administration <strong>AND</strong></td>
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<tr>
<td></td>
<td>• Batch number (if no batch number provided, an adult dTpa booster will be required) <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Health care provider signature <strong>AND</strong></td>
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<tr>
<td></td>
<td>• Health care provider practice stamp</td>
</tr>
<tr>
<td></td>
<td>• No serology results are accepted. Do not use ADT vaccine</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>History of a completed age appropriate course of Hep B vaccinations <strong>OR</strong></td>
</tr>
<tr>
<td></td>
<td>• If a student has been vaccinated but cannot locate Hep B vaccination records, a verbal history of Hep B vaccinations must be recorded on the Vac Card by GP an Authorised Nurse Immuniser AND a NSW Health Attachment 9 Hepatitis B Statutory Declaration must be completed and witnessed by an Authorised Nurse Immuniser or GP. This Statutory Declaration must always accompany the Vac Card <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Hep B surface antibody serology. Result must only be recorded as a numerical value ≥ 10 IU/ml (<strong>note</strong>: positive, immune or detected are not accepted) <strong>OR</strong></td>
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<tr>
<td></td>
<td>• <strong>If a Hep B non-responder after three (3) Hepatitis B vaccinations, please contact NSW PEP team ASAP for further information, as further serology and vaccinations will be required.</strong></td>
</tr>
<tr>
<td></td>
<td>• All Hep B vaccinations must be documented on Vaccination Card including</td>
</tr>
<tr>
<td></td>
<td>• Date of administration <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Batch number if given within last two (2) years <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Health care provider signature <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Health care provider practice stamp</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td>Evidence of two (2) MMR vaccinations, administered at least one month apart and documented on Vac Card including</td>
</tr>
<tr>
<td></td>
<td>• Date of administration <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Batch number if given within last two (2) years <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Health care provider signature <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Health care provider practice stamp <strong>OR</strong></td>
</tr>
<tr>
<td></td>
<td>• Serology result indicating positive IgG for Measles and Mumps and Rubella, <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Rubella serology result must be recorded on the Vac Card as a numerical value ONLY (<strong>note</strong>: positive, immune or detected are not accepted) <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Rubella serology report must also be attached to Vac Card.</td>
</tr>
<tr>
<td></td>
<td>• All MMR serology results must be documented on Vaccination Card including</td>
</tr>
<tr>
<td></td>
<td>• Date of serology, health care provider signature and health care provider practice stamp <strong>OR</strong></td>
</tr>
<tr>
<td></td>
<td>• Born prior to 1966</td>
</tr>
</tbody>
</table>
### Varicella

Evidence of an age appropriate course of vaccination:
- If vaccinated at under 14 years old, evidence of one (1) Varicella vaccination.
- If vaccinated at 14 years or older, evidence of two (2) Varicella vaccinations, administered at least one month apart.
- All Varicella vaccinations must be documented on Vaccination Card including:
  - Date of administration
  - Batch number if given within last 2 years
  - Health care provider signature
  - Health care provider practice stamp

  OR

- Positive Varicella IgG serology
  - Documented on Vaccination Card with date of serology, health care provider signature and health care provider practice stamp.

### TB

**TB Screening - Interferon Gamma Release Assay (IGRA) or Tuberculin Skin Test (TST)** is required if:
- 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: [http://www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf](http://www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf),
- OR if you have previously been assessed as TB compliant but 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
- OR if you have had contact with a person who has infectious TB disease you will require TB screening.

**TB Screening**
- IGRA (blood test) can be performed by a GP with results documented on Vaccination Card including:
  - Date of IGRA blood test AND either positive or negative result
  - Health care provider signature
  - Health care provider practice stamp

**TST/Mantoux**
- is required if a positive IGRA result occurs or if previously screened with TST. It must only be performed at a designated NSW TB Service, not by a GP or pathology company. It must be one month apart from the administration of any live vaccines (MMR & Varicella)
- 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 Vaccination Card at ‘TB Screening’ under ‘History of BCG vaccination’

**TST/Mantoux Tests Interpretations:**
- Reaction is negative, and no BCG scar, no further action
- Reaction > 8 mm and no BCG, CXR required and results recorded on Vaccination Card
- Reaction is negative, and BCG scar present, repeat mantoux test, if still negative, no further action
- Reaction >10mm and BCG confirmed, CXR required and results recorded on Vaccination Card

All entries must include date, health care provider signature, health care provider practice stamp
| Influenza Vaccination | For all UTas students undertaking PEP, the annual influenza vaccination is mandatory. Evidence of the annual influenza vaccination MUST be provided 2 weeks prior to 1st June each year using the
|                  | OR another form of evidence, which includes pharmacy/ hospital influenza consent form, GP immunization summary/list/statement or NSW Health Vaccination Record Card for Health Care Workers and Students. All other forms of evidence MUST include student name, date of birth, influenza vaccine name, vaccine batch number, date of administration, vaccinator name, signature and practice stamp/letterhead. |
# Vaccination Record Card for Health Care Workers and Students

**Sample Vaccination Record Card**

### Personal Details (please print)

**Surname**: GAIZING

**Given names**: STAR

**Address**: 63 MILKY WAY OUTER GALAXY

**State**: [Please refer to instructions overleaf]

**Date of Birth**: 09/09/00

**Email**: [Please refer to instructions overleaf]

**Staff/student ID No.**: 000 000

**Contact numbers** (home) (work)

### Vaccine

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date</th>
<th>Batch No.</th>
<th>Official Certification by Vaccination Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough)</strong></td>
<td>Dr Full Moon</td>
<td>Milky Way General Practice</td>
<td>Southern Cross Drive</td>
</tr>
<tr>
<td><strong>Hepatitis B vaccine</strong> (age appropriate course of vaccinations AND hepatitis B surface antibody ≥ 10 mIU/mL OR core antibody positive)</td>
<td>Dr Full Moon</td>
<td>Milky Way General Practice</td>
<td>Southern Cross Drive</td>
</tr>
<tr>
<td><strong>Measles, Mumps and Rubella (MMR) vaccine</strong></td>
<td>Dr Full Moon</td>
<td>Milky Way General Practice</td>
<td>Southern Cross Drive</td>
</tr>
<tr>
<td><strong>Varicella vaccine</strong> (age appropriate course of vaccinations OR positive serology)</td>
<td>Dr Full Moon</td>
<td>Milky Way General Practice</td>
<td>Southern Cross Drive</td>
</tr>
<tr>
<td><strong>Tuberculosis (TB)</strong> screening</td>
<td>Dr Full Moon</td>
<td>Milky Way General Practice</td>
<td>Southern Cross Drive</td>
</tr>
</tbody>
</table>

### AND

**Serology: anti-HBs** (Please refer to instructions overleaf)

**OR** (Please refer to instructions overleaf)

**Serology: anti-HBc** (Please refer to instructions overleaf)

**Influenza vaccine** (strongly recommended for all health care workers & mm) (Please refer to instructions overleaf)

### Measles, Mumps and Rubella (MMR) vaccine

- **Dose 1**: 11/11/18
- **Dose 2**: 11/11/18

### Varicella vaccine

- **Dose 1**: 11/11/18
- **Dose 2**: 11/11/18

**TB screening**

- **Date**: 11/11/18
- **Batch No. or Result**: Given by (Please refer to instructions overleaf)

**Requires TB screening?**

- **TB screening - interferon gamma release assay (IGRA)** or **Tuberculin Skin Test (TST)** (Please refer to instructions overleaf)

**IGRA**

- **Positive**: Indeterminate
- **Negative**: (Please refer to instructions overleaf)

**TST injection**

- **Reading**: Induration
- **TST injection if 2 step required**: Induration

**Other TB investigations** (including chest X-ray)

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Revised April 2018

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2019 NSW Vaccination Record Completion Guide 18 January 2019

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