# Government and Pathwest logo combined

**Proof of Immunisation and Health Screening Checklist**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname:** |  | | | | **Name:** |  | | | **Sex:** |  |
| **Date of Birth:** |  | | | **Contact Phone**: |  | | | | | |
| **Email Address:** |  | | | | | | | | | |
| **Placement Role:** |  | | | | | | | | | |
| **Placement Site:** |  | | QEII | | | | | | | |
|  | | FSH | | | | | | | |
|  | | RPH | | | | | | | |
|  | | RSS | | | | | | | |
| **Placement department:** | | | |  | | | | | | |
| **Placement supervisor/coordinator:** | | | |  | | | | | | |
| **Date of Placement** | | **From:** | |  | | | **To:** |  | | |
| **Level of Patient Contact:** | |  | | Direct contact with blood or body substances | | | | | | |
|  | | Direct patient contact | | | | | | |
|  | | No patient contact (administrative role) | | | | | | |

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| --- |
| **This form is used as checklist to identify which evidence you must supply prior to all placements within PathWest**.   * You MUST provide health screen results, serological evidence and/or immunisation history statement to enable an assessor to verify compliance. * To help you with collating the records please see overleaf for the Health Screening and Immunisation checklist requirements. Your GP can assist you with this. * Acceptable forms of evidence are:   + Immunisation History Statement – *myGov*   + Vaccination cards   + Pathology laboratory reports   + Specialist’s reports * Placements will not proceed without the assessment being completed |

## Compulsory for all

|  |  |  |  |
| --- | --- | --- | --- |
| **Disease** | **Evidence of vaccination** | **Documented laboratory results** | **Other acceptable evidence** |
| **Measles, mumps & rubella** | 2 doses of MMR  or  vaccine at least one  month apart | Positive IgG for  measles, mumps and  rubella |  |
| **Diphtheria, tetanus & pertussis** | One adult dose of  diphtheria/tetanus  pertussis vaccine  (dTpa) in the last 10 years | Serology will not be accepted |  |
| **Varicella** | 2 doses of varicella  or  vaccine at least  one month apart | or  Positive IgG for varicella | An Australian Immunisation  Register (AIR) history  statement that records  natural immunity to  chickenpox |

## Compulsory if working with patients and/or blood/body fluid contact

|  |  |  |  |
| --- | --- | --- | --- |
| **Disease** | **Evidence of vaccination** | **Documented laboratory results** | **Other acceptable evidence** |
| **Hepatitis B**  *(If patient or blood/body fluid contact)* | History of completed  **AND**  course of hepatitis B  vaccine | Anti-HBs ≥10mIU/mL  or | Documented evidence of  anti-HBc indicating past  infection |
| **Tuberculosis**  *(If patient contact)* |  | Interferon Gamma  Release Assay (IGRA)  or  +  Clinical review for  positive results by TB  Service/Chest Clinic | Tuberculin skin test (TST)  +  Clinical review for positive  results by TB Service/Chest  Clinic |

## Recommended for all

|  |  |  |  |
| --- | --- | --- | --- |
| **Disease** | **Evidence of vaccination** | **Documented laboratory results** | **Other acceptable evidence** |
| **Influenza (yearly)** | Influenza vaccine in  past year |  |  |
| **COVID-19** | Vaccination records |  |  |

## If you have worked outside of Western Australia

|  |  |
| --- | --- |
| **MRSA** | Have you worked, or been a patient in health care facility outside WA in the past 12 months?    **YES** **NO**   * If your answered **Yes** to the above question, you will require MRSA swab * If MRSA is isolated - see your GP for management prior to entering a WA Health facility |