# 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
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## Compulsory for all

|  |  |  |  |
| --- | --- | --- | --- |
| **Disease** | **Evidence of vaccination** | **Documented laboratory results** | **Other acceptable evidence** |
| **Measles, mumps & rubella** |  2 doses of MMRor vaccine at least one month apart | Positive IgG formeasles, mumps andrubella |  |
| **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  |  orPositive 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/mLor |  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
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