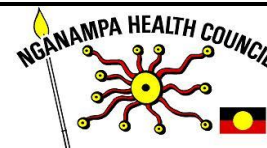


Nganampa Health Council Staff Immunisation Instructions



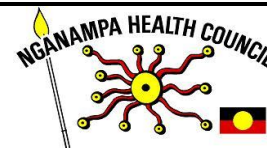
- Copies of original vaccination records and all relevant pathology reports must be provided wherever possible
 - If these records are not available, all available information must be provided to the NHC assessor
 - The attached *Nganampa Health Council Staff Immunisation Record* can be used for this information. It is not necessary to transcribe details of immunisations or pathology results if the source records have been provided
- *Nganampa Health Council Staff Immunisation Record* can also be used by vaccine providers to document immunisations as they are given:
 - Vaccine providers should record their full name, signature, date, specific vaccine given, batch number and official provider stamp at the time of vaccine administration.
 - Serological results should be recorded as numerical values or positive/negative as appropriate

Summary of Evidence required for Clinical Staff

Disease	Evidence of vaccination	Documented serology results	Notes
Diphtheria, tetanus, pertussis (whooping cough)	<input type="checkbox"/> One adult dose of pertussis-containing vaccine (dTpa) ¹ <i>Do not use ADT as it does not contain the pertussis component</i>	Serology will not be accepted	
Hepatitis B	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine (accelerated course acceptable only if 4 th dose given) ²	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL (original pathology report must be provided)	<input type="checkbox"/> Documented evidence of anti-HBc, indicating past hepatitis B infection
Hepatitis A	<input type="checkbox"/> History of completed course of hepatitis A vaccine	<input type="checkbox"/> Positive IgG or "total antibody" for hepatitis A	Strongly recommended / not mandatory
Measles, mumps, rubella (MMR)	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart	<input type="checkbox"/> Positive IgG for measles, mumps and rubella	<input type="checkbox"/> Birth date before 1966
Varicella (chickenpox)	<input type="checkbox"/> 2 doses of varicella vaccine at least one month apart (evidence of one does is sufficient if the person was vaccinated before 14 years of age)	<input type="checkbox"/> Positive IgG for varicella ³	<input type="checkbox"/> History of chickenpox or physician-diagnosed shingles (serotest if uncertain)
Influenza	Annual influenza vaccine is strongly recommended but not mandatory		

1. A booster dose is recommended if 10 years have elapsed since a previous dose
2. A person receiving an accelerated course of hepatitis B vaccinations will not have completed the course until they have the 4th dose 12 months after the first dose
3. Serology is only required for MMR and Varicella protection if the vaccination records are not available and the person was born during or after 1966

Nganampa Health Council Staff Immunisation Record



Please refer to instructions overleaf before completing form

Surname				Given names
Address				
	State	Pcode	Date of birth	
Email				
Contact	(mobile)	(home)	(work)	

Vaccine	Date	Batch no.	Official certification by vaccine provider <i>(clinic/practice name/stamp, fullname & signature)</i>
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Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine <i>(adult dose dTPa)</i>			
Dose 1			
Booster <i>10 years after previous dose</i>			

Hepatitis B vaccine <i>(age appropriate course of vaccination AND hepatitis B surface antibody \geq 10mIU/mL OR core antibody positive)</i>			
Dose 1			
Dose 2			
Dose 3			
AND			
Serology anti-HBs		Result	mIU/
or			
Serology anti-HBc		Positive	Negative <i>(circle)</i>

Hepatitis A vaccine – STRONGLY RECOMMENDED – not mandatory <i>(vaccination course OR positive serology for Hepatitis A total antibody or Hepatitis A IgG)</i>			
Dose 1			
Dose 2			
OR			
Serology Hepatitis A		Result	

Measles, Mumps and Rubella (MMR) vaccine <i>(2 doses of MMR vaccine at least 1 month apart OR positive serology for measles, mumps and rubella OR birth date before 1966)</i>			
Dose 1			
Dose 2			
OR			
Serology Measles		IgG result	
Serology Mumps		IgG result	
Serology Rubella		IgG result	

Varicella vaccine <i>(age appropriate course of vaccination OR positive serology OR history of chicken pox/shingles)</i>			
Dose 1			
Dose 2			
OR <i>(please tick)</i>			
History of chicken pox		<input type="checkbox"/>	
or physician diagnosed shingles		<input type="checkbox"/>	
OR			
Serology Varicella		IgG result	

Staff Member Signature: _____

Date: _____