

VACCINATION CHECKLIST

First Name: _____ Last Name: _____

D.O.B.: _____ Mobile: _____

Start Date: _____ Department: _____

Acceptable documentary evidence of protection received for:

- **Diphtheria, tetanus, pertussis**
 - ☐ One documented dose of adult dTpa vaccine. **NOT ADT VACCINE.**
 - ☐ dTpa booster is required 10-yearly _____
- **Hepatitis B**
 - ☐ Documented evidence of anti-HBs > 10mIU/mL (following completion of age-appropriate course of Hepatitis B vaccine).
 - ☐ Documented evidence of past hepatitis B infection (anti-HBc).
- **Measles, Mumps, Rubella**
 - ☐ Birth date before 1966;
 - ☐ Documented evidence of two (2) doses of vaccine, _____, _____ one-month apart
 - OR**
 - ☐ Documented evidence of positive IgG for measles, mumps and rubella.
 - ☐ Documented evidence of positive IgG for measles, mumps and rubella.
- **Varicella**
 - ☐ History of chickenpox.
 - ☐ Documentation of physician-diagnosed shingles.
 - ☐ Documented evidence of a positive varicella IgG.
 - ☐ Documented evidence of age-appropriate varicella vaccination
 - OR**
 - ☐ Two (2) doses of vaccine, _____, _____ one-month apart.
- **Tuberculosis**
 - ☐ Not Applicable
 - ☐ Screened by appropriately qualified chest clinic
- **Latex**
 - ☐ Form completed
- **Flu Vaccination**
 - ☐ Evidence of annual flu vax.
- **Covid-19 Vaccination**
 - ☐ 1st dose ☐ 2nd dose

Covid Vaccine Requirements Update: The Public Health (COVID-19 Vaccination of Health Care Workers) Order 2022, which required the mandatory vaccination of health care workers, ceased at the end of 19 June 2022. For NSW Health staff, the requirement for health care workers to have at least two doses of a COVID-19 vaccine continues to apply beyond 19 June 2022 under a Determination and Direction made by the Secretary, NSW Health

Hospital Director: _____
(Print name)

Signature: _____

Date: _____