

VACCINATION FORM

Full Name (As per AHPRA)	<input type="text"/>		
Nationality	<input type="text"/>	Date of Birth	<input type="text"/>
		State	<input type="text"/>

DETAILS

Requirement (All states except mentioned)	Date of vaccination/ serology report showing immunity	What is accepted
dTpa (Diphtheria/ Tetanus/ Pertussis)	<input type="text"/>	One adult does of dTpa within last 10 years.Serology will not be accepted
MMR (Measles, Mumps, Rubella)	<input type="text"/>	2 doses of MMR vaccine at least one month apart or serology with positive IgG
Tuberculosis	<input type="text"/>	Tuberculin skin test (TST) with negative result / QuantiFERON Gold test within the last 3 months
Varicella/ Chicken pox	<input type="text"/>	2 doses of vaccine at least one month apart or serology showing previous exposure or positive IgG
Hepatitis B	<input type="text"/>	3 doses of vaccine or serology report showing immunity (anti- HBs titre level >10 IU/L)
Poliomyelitis (VIC/WA)	<input type="text"/>	Universal vaccination/ polio drops in early childhood is acceptable
Influenza/ Flu	<input type="text"/>	Evidence of annual Influenza
COVID Vaccine	<input type="text"/>	2 doses of vaccine one month apart

Hepatitis A - Required when working in remote aboriginal communities. Need to provide proof of 3 dose of vaccination or serology report showing immunity

MRSA Declaration – WA only

I, declare that I have not worked or been a patient in a hospital outside WA in last 12 months.

I declare that the information given in this form is correct to the best of my knowledge. I understand that any false or misleading information can lead to termination of my employment with Greenstaff Medical.

Signature: Date: