VERIFICATION PROCESS FOR STUDENT COMPLIANCE

Before you can attend clinical placement you need to have your documents and immunisations verified. There are designated staff within South Eastern Sydney Local Health District that are assigned by NSW Health to complete this.

If being verified via email there are strict requirements in place that must be followed. Failure to follow them will result in your verification not being able to be processed.

All NSW Health Forms can be found at https://www.heti.nsw.gov.au/Placements-Scholarships-Grants/clinical-placements/student-compliance

Documents must be scanned or saved (preferably in **colour)** and submitted in **one PDF File** (*HEIC files and cloud or Sharepoint links are not accepted*) & in the following order:

Document	Page number
Cover Sheet- Student Documentation Checklist	2
Copy of Student ID Or Photo ID	
Australian Police check	3
If Overseas Student 1. Police Check from home country Or any country resided in for >6 months since turning 18 years **OR** 2. Overseas Statutory Declaration (appendix 3 of WCC & Other Police Checks Policy Directive – PD2019_003)	4
NSW Health Code of Conduct Agreement	5
Undertaking/Declaration Form	6
TB Assessment Tool (including any TB testing or clinical review documentation)	7-8
Blood Borne Virus Declaration Form (Medicine, Midwifery, Paramedicine and Dentistry & Oral Health Students only)	9
Vaccination and Immunisation evidence (including supporting documentation such as Lab reports)	10-12

Frequently Asked Questions are included on Pages 13-15

Important Information

- All documentation **MUST** match the student ID card, Police Check and ClinConnect unless a marriage certificate or change of name certificate has been provided.
- All correspondence **MUST** be sent from your university email account- emails sent from private email address will automatically be deleted. All emails containing follow up documentation will need to be accompanied by your student ID
- IF you do not receive an automated reply from the SESLHD mail box within 15 minutes of submission - please review total attachment size - aim to keep attachments **under 20MB** total.

Please email through to SESLHD-StudentCompliance@health.nsw.gov.au

Email SUBJECT: **SURNAME, YEAR OF STUDY AND STUDENT ID** *(UNSW students- leave out the "z", only include the number)* Please allow up to ***10 business days*** for a response

Please note: The NSW Health ClinConnect system is an external site to your university account, there can be a 24-48 hour delay in the data being transferred over.

The following pages include an example of what is expected in your submission.

STUDENT DOCUMENTATION CHECKLIST (You must include this as a front page for your evidence)

Name:	Student Number:	Year of Study(circle): 1st; 2nd; 3rd+
Education Provider:	Discipline:	

Documentation Required	Student Acknowledgement (TICK)
Student Photo Identification Card	
Australian National Police Record Check ☐ **OR** **International Student** (This should be indicated on your student profile) Australian National Police Record Check - ☐ **AND** Criminal Record Check from Home/previous resided country (must be in English) ☐ **OR** Statutory Declaration (Appendix 5) ☐	
Undertaking/Declaration Form	
NSW Health Code of Conduct Agreement Form *(do not submit the whole Code of Conduct Document)*	
TB Assessment Tool Note: You MUST include ALL travel to high incidence TB countries (even short holidays) Overseas Students must include the exact date of arrival in Australia in PART C	
Blood Borne Virus Student Declaration Form (Attachment 1 from PD2019_026) Only for Medical, Midwifery OR Dental students	

Diseases	Evidence of Vaccination	Serology Evidence	Other Acceptable Evidence
Diphtheria, Tetanus, Pertussis	One **adult** dose of diphtheria/tetanus/pertussis vaccine (dTpa) within last 10 years (Not ADT) ☐	Serology will not be accepted	Approved Contraindication ☐
Hepatitis B N.B Temporary compliance will not be considered unless recent serology and/or booster dose evidence is submitted ALONG with confirmation of your current year of study	1. History of age appropriate course of Hepatitis B vaccine ☐ **AND** evidence of anti-HBs (surface antibodies) greater than or equal to 10mlU/ml ☐ "Accelerated" course not accepted. **OR**	1. Completed hep B Statutory Declaration (Appendix 9) which confirms verbal history of course ☐ **AND** 2. evidence of anti-HBs (surface antibodies) greater than or equal to 10mlU/ml ☐ **OR**	Documented evidence of anti-HBc, indicating past Hepatitis B Infection or HBsAg+ ☐
Measles, Mumps, Rubella (MMR)	2 Doses of MMR vaccine at least 28 days apart ☐ **OR**	Positive IgG for: • Measles ☐ • Mumps ☐ • Rubella ☐ MUST include the lab report for Rubella as both the numerical result AND immunity status must be included **OR** ** PLEASE ONLY OPT TO CHECK SEROLOGY IF YOU HAVE NO EVIDENCE OF VACCINATION or BORN AFTER 1966 **	Birth date before 1966 ☐ **OR** Approved Contraindication ☐
Varicella	2 doses of varicella vaccine at least 28 days apart. (evidence of one dose acceptable if vaccinated before 14 years of age) ☐ **OR**	Positive IgG for varicella ☐ ** PLEASE ONLY OPT TO CHECK SEROLOGY IF YOU HAVE NO EVIDENCE OF VACCINATION **	Approved Contraindication ☐
Southern Hemisphere Influenza Vaccine (mandatory between 1st June-30th Sept)	One dose (administered after 1st March). Must be a southern hemisphere formulation *(Overseas students are advised to rece he vaccine in Australia)*	Not Applicable Serology will not be accepted	Approved Contraindication OR Declination Form

Document 1 - Australian Police Check

Australian police checks must be obtained from one of the following:

- Australian State or Territory Police Force or,
- Australian Federal Police, or
- Australian Criminal Intelligence Commission (ACIC) accredited body only.

National criminal record checks are valid for five years since the date of issue.

Existing NSW Health staff members do not need to provide a Police Check. They can contact HETI Student Placements to enter their NSW Health police check information into ClinConnect.

Click for FAQs

Relevant NSW Health Policy:

Working with Children Checks and other Checks Policy Directive (PD2019_003)

NSW GOVERNMENT

NSW Police Force

Digital National Police Certificate

NSWPF-2021-700163

Application No. 1378130492

SAM CITIZEN

DOB: 11/04/1990

Page 1 of 1

SHOWCASE ONLY

1 1 Charles

Parramatta NSW 2150

Employment - Name and Date of Birth Check

This document certifies that

NAME	DATE OF BIRTH
CITIZEN SAM	11/04/1990

At the date of issue there are "no disclosable court outcomes" or outstanding matters, within the records of police services in Australia.

END OF RECORD

Manager
Criminal Records
NSW Police Force
Issued:30/04/2021

SAMPLE ONLY

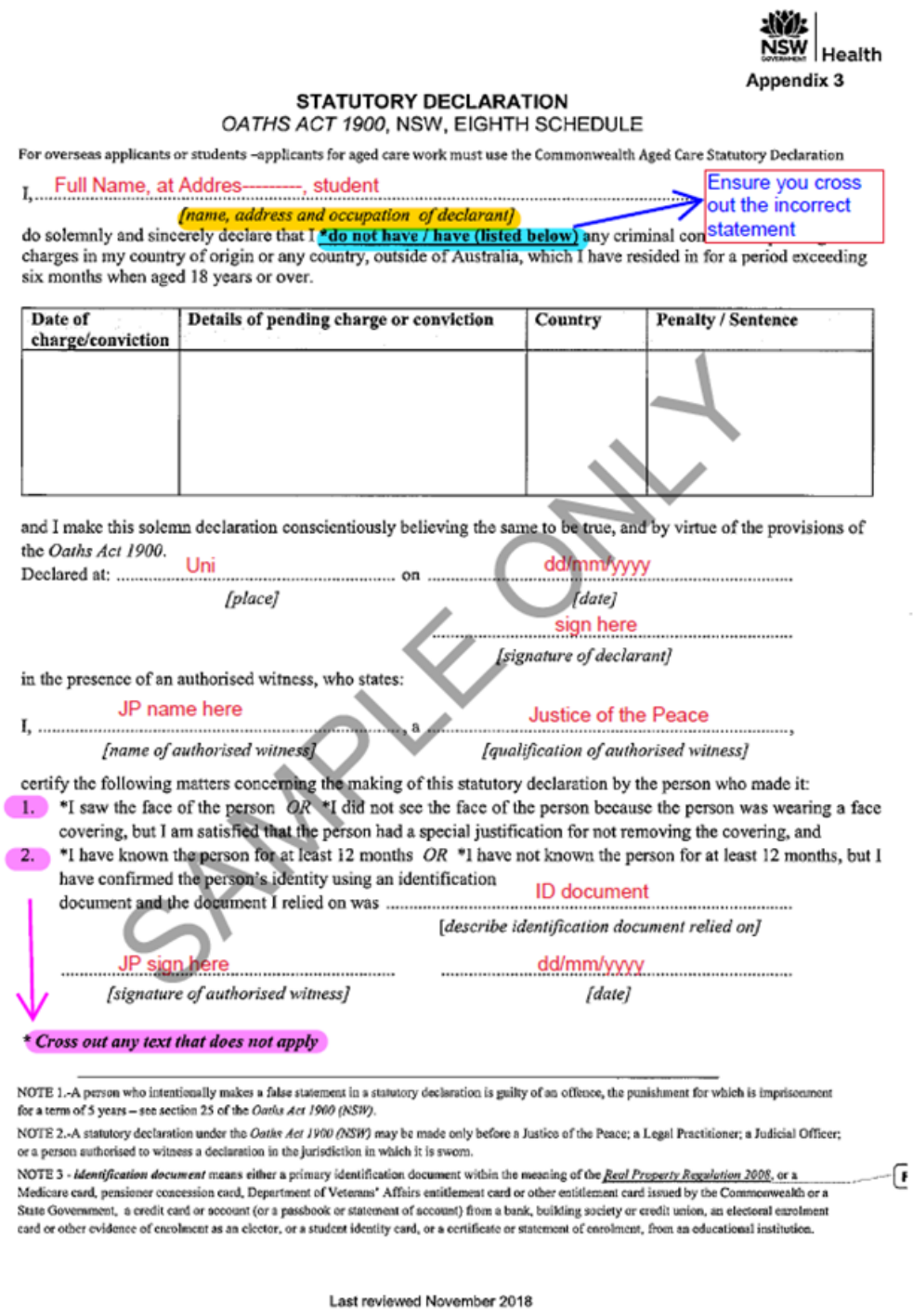
Document 1.1 *(only for international students):* Overseas Police Check OR Overseas Statutory Declaration

Overseas Police Check Requirements:

- If obtaining a Police Check from overseas - it MUST be in English or officially translated to English and issued within the last 5 years
- If you are an overseas student you must obtain a police check from your home country AND any countries you have resided in for 6 months or more since turning 18 years of age
- If unable to obtain an overseas police check then a statutory declaration can be completed available from HERE (see example on this page)
- Statutory Declarations can only be witnessed by certain people within NSW - these are:
    - Justice of the peace (JP)
    - Registrar-General or Deputy Registrar-General
    - notary public
    - commissioner of the court for taking affidavits
    - Australian legal practitioner authorised by section 27 (1) to take and receive any affidavit
    - a federal judicial officer, or other person by law authorised to administer an oath

Relevant NSW Health Policy:

Working with Children Checks and other Checks Policy Directive(PD2019_003)



NSW Health

Appendix 3

STATUTORY DECLARATION

OATHS ACT 1900, NSW, EIGHTH SCHEDULE

For overseas applicants or students –applicants for aged care work must use the Commonwealth Aged Care Statutory Declaration

I, Full Name, at Addres--------, student

[name, address and occupation of declarant]

Ensure you cross out the incorrect statement

do solemnly and sincerely declare that I *do not have / have (listed below) any criminal con charges in my country of origin or any country, outside of Australia, which I have resided in for a period exceeding six months when aged 18 years or over.

Date of charge/conviction	Details of pending charge or conviction	Country	Penalty / Sentence

and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Declared at: Uni *[place]* on dd/mm/yyyy *[date]*

sign here

[signature of declarant]

in the presence of an authorised witness, who states:

I, JP name here *[name of authorised witness]*, a Justice of the Peace *[qualification of authorised witness]*

certify the following matters concerning the making of this statutory declaration by the person who made it:

1. *I saw the face of the person *OR* *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. *I have known the person for at least 12 months *OR* *I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was ID document *[describe identification document relied on]*

JP sign here *[signature of authorised witness]*

dd/mm/yyyy *[date]*

** Cross out any text that does not apply*

NOTE 1.-A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 5 years – see section 25 of the *Oaths Act 1900 (NSW)*.

NOTE 2.-A statutory declaration under the *Oaths Act 1900 (NSW)* may be made only before a Justice of the Peace; a Legal Practitioner; a Judicial Officer; or a person authorised to witness a declaration in the jurisdiction in which it is sworn.

NOTE 3 - ***identification document*** means either a primary identification document within the meaning of the *Real Property Regulation 2008*, or a Medicare card, pensioner concession card, Department of Veterans' Affairs entitlement card or other entitlement card issued by the Commonwealth or a State Government, a credit card or account (or a passbook or statement of account) from a bank, building society or credit union, an electoral enrolment card or other evidence of enrolment as an elector, or a student identity card, or a certificate or statement of enrolment, from an educational institution.

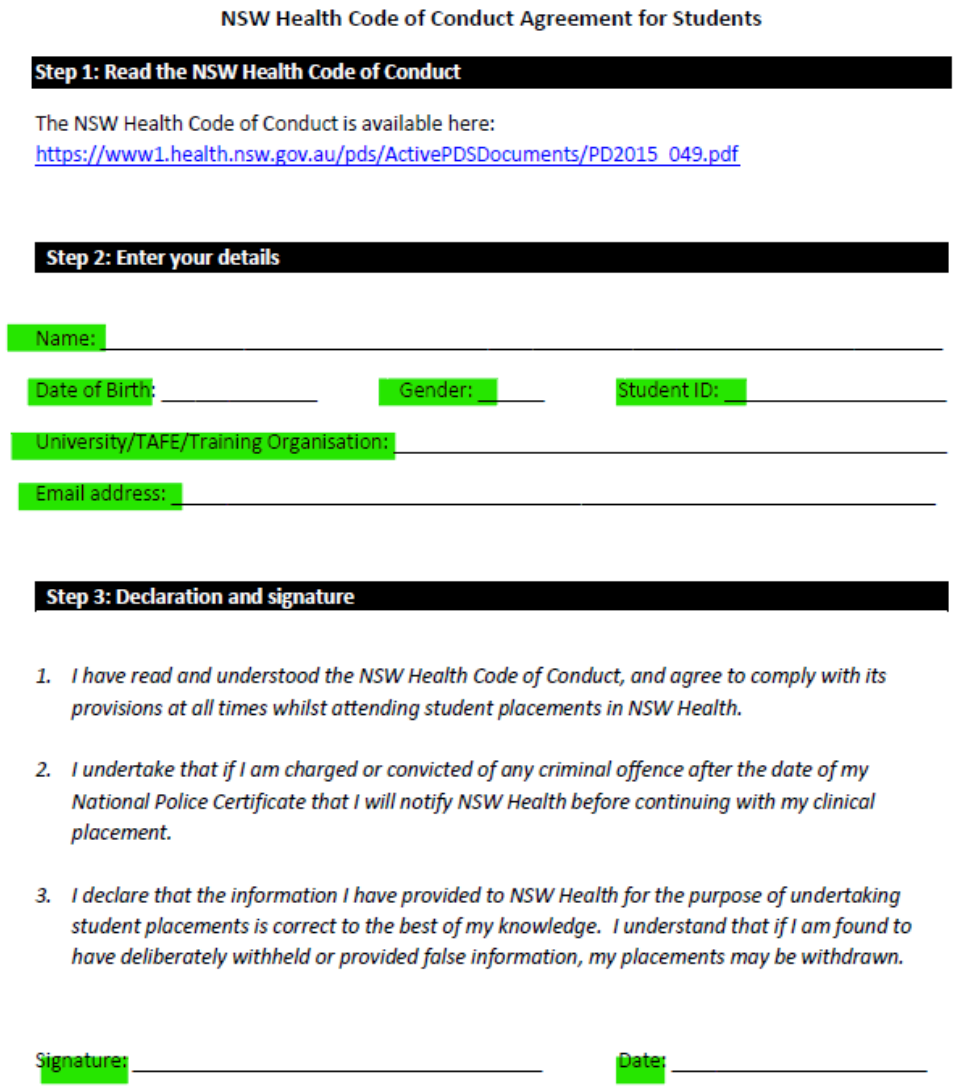
SAMPLE ONLY

Document 2- NSW Health Code of Conduct Agreement

Students must read and agree to abide by the NSW Health Code of Conduct – available at: NSW Health Code of Conduct (PD2015_049)

Please complete all sections of agreement form

DO NOT sign and submit the whole Code of Conduct document- only this one page agreement form



NSW Health Code of Conduct Agreement for Students

Step 1: Read the NSW Health Code of Conduct

The NSW Health Code of Conduct is available here:
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_049.pdf

Step 2: Enter your details

Name: _____

Date of Birth: _____ Gender: _____ Student ID: _____

University/TAFE/Training Organisation: _____

Email address: _____

Step 3: Declaration and signature

1. *I have read and understood the NSW Health Code of Conduct, and agree to comply with its provisions at all times whilst attending student placements in NSW Health.*
2. *I undertake that if I am charged or convicted of any criminal offence after the date of my National Police Certificate that I will notify NSW Health before continuing with my clinical placement.*
3. *I declare that the information I have provided to NSW Health for the purpose of undertaking student placements is correct to the best of my knowledge. I understand that if I am found to have deliberately withheld or provided false information, my placements may be withdrawn.*

Signature: _____ Date: _____

Document 3 - Undertaking/Declaration Form

Ensure All sections are completed

For PART 2 – response is either A OR B

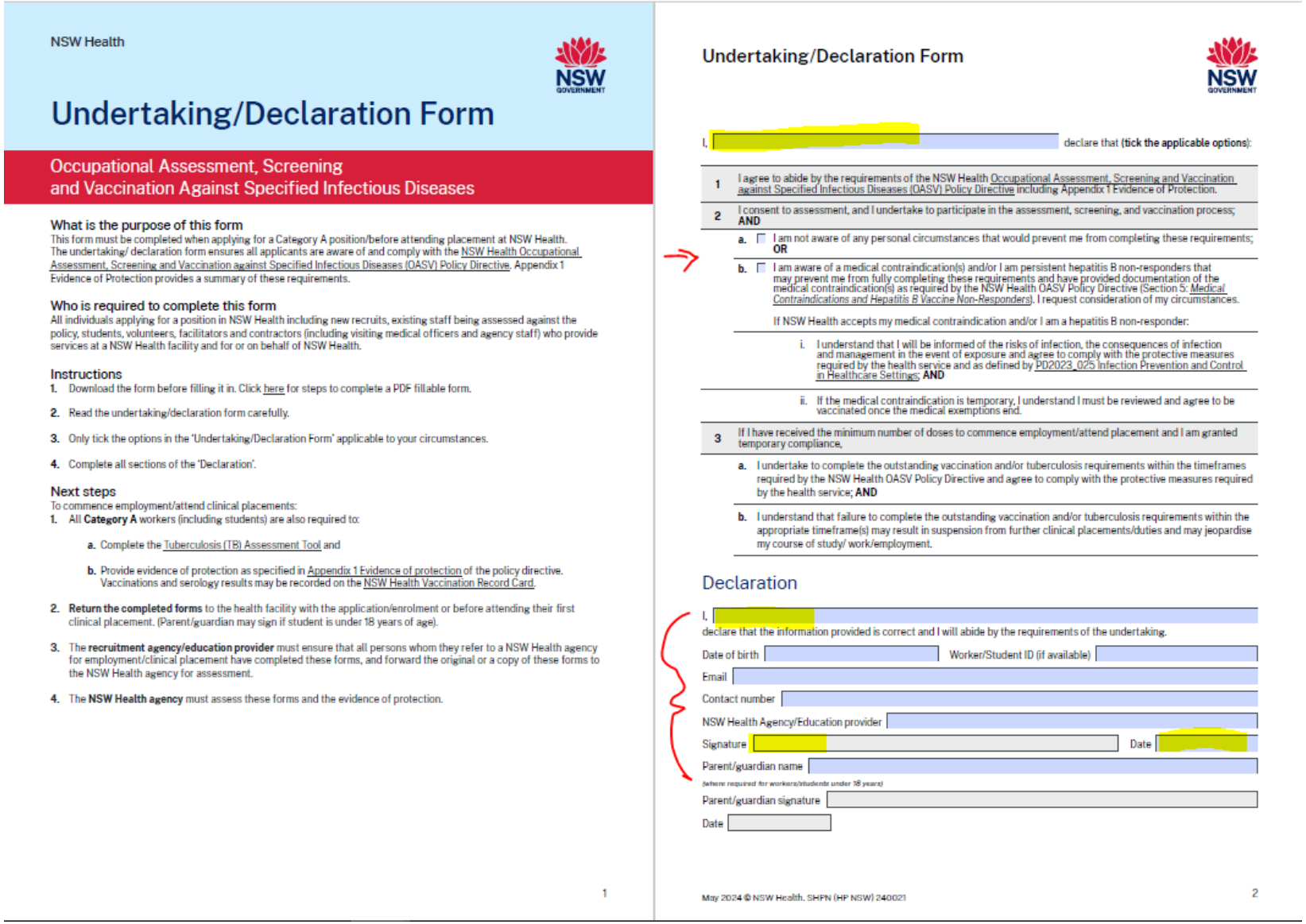
Most students will be 2. A

2.B is only if you:

- Have had x2 full courses (i.e. 6 ***documented*** doses in total) of hepatitis B vaccination and still have no immunity AND/OR

- have a documented medical contraindication to any vaccination (this does not include a hepatitis B declaration for not having evidence of vaccination)

Relevant NSW Health Policy:
Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases (PD2024_015)



NSW Health

Undertaking/Declaration Form

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

What is the purpose of this form
This form must be completed when applying for a Category A position/before attending placement at NSW Health. The undertaking/ declaration form ensures all applicants are aware of and comply with the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases (OASV) Policy Directive. Appendix 1 Evidence of Protection provides a summary of these requirements.

Who is required to complete this form
All individuals applying for a position in NSW Health including new recruits, existing staff being assessed against the policy, students, volunteers, facilitators and contractors (including visiting medical officers and agency staff) who provide services at a NSW Health facility and for or on behalf of NSW Health.

Instructions
1. Download the form before filling it in. Click here for steps to complete a PDF fillable form.
2. Read the undertaking/declaration form carefully.
3. Only tick the options in the 'Undertaking/Declaration Form' applicable to your circumstances.
4. Complete all sections of the 'Declaration'.

Next steps
To commence employment/attend clinical placements:
1. All **Category A** workers (including students) are also required to:
   a. Complete the Tuberculosis (TB) Assessment Tool and
   b. Provide evidence of protection as specified in Appendix 1 Evidence of protection of the policy directive. Vaccinations and serology results may be recorded on the NSW Health Vaccination Record Card.
2. **Return the completed forms** to the health facility with the application/enrolment or before attending their first clinical placement. (Parent/guardian may sign if student is under 18 years of age).
3. The **recruitment agency/education provider** must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment.
4. The **NSW Health agency** must assess these forms and the evidence of protection.

1

Undertaking/Declaration Form

I, _____ declare that **(tick the applicable options)**:

1 I agree to abide by the requirements of the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases (OASV) Policy Directive including Appendix 1 Evidence of Protection.

2 I consent to assessment, and I undertake to participate in the assessment, screening, and vaccination process; **AND**

a. ☐ I am not aware of any personal circumstances that would prevent me from completing these requirements; **OR**

b. ☐ I am aware of a medical contraindication(s) and/or I am persistent hepatitis B non-responders that may prevent me from fully completing these requirements and have provided documentation of the medical contraindication(s) as required by the NSW Health OASV Policy Directive (Section 5: *Medical Contraindications and Hepatitis B Vaccine Non-Responders*). I request consideration of my circumstances.

If NSW Health accepts my medical contraindication and/or I am a hepatitis B non-responder:

i. I understand that I will be informed of the risks of infection, the consequences of infection and management in the event of exposure and agree to comply with the protective measures required by the health service and as defined by PD2023_025 Infection Prevention and Control in Healthcare Settings; **AND**

ii. If the medical contraindication is temporary, I understand I must be reviewed and agree to be vaccinated once the medical exemptions end.

3 If I have received the minimum number of doses to commence employment/attend placement and I am granted temporary compliance,

a. I undertake to complete the outstanding vaccination and/or tuberculosis requirements within the timeframes required by the NSW Health OASV Policy Directive and agree to comply with the protective measures required by the health service; **AND**

b. I understand that failure to complete the outstanding vaccination and/or tuberculosis requirements within the appropriate timeframe(s) may result in suspension from further clinical placements/duties and may jeopardise my course of study/ work/employment.

Declaration

I, _____
declare that the information provided is correct and I will abide by the requirements of the undertaking.

Date of birth _____ Worker/Student ID (if available) _____
Email _____
Contact number _____
NSW Health Agency/Education provider _____
Signature _____ Date _____
Parent/guardian name _____
(where required for workers/students under 18 years)
Parent/guardian signature _____
Date _____

May 2024 © NSW Health. SHPN (HP NSW) 240021

2

Document 4 - TB Assessment Tool

Ensure All sections are completed and form is signed and dated

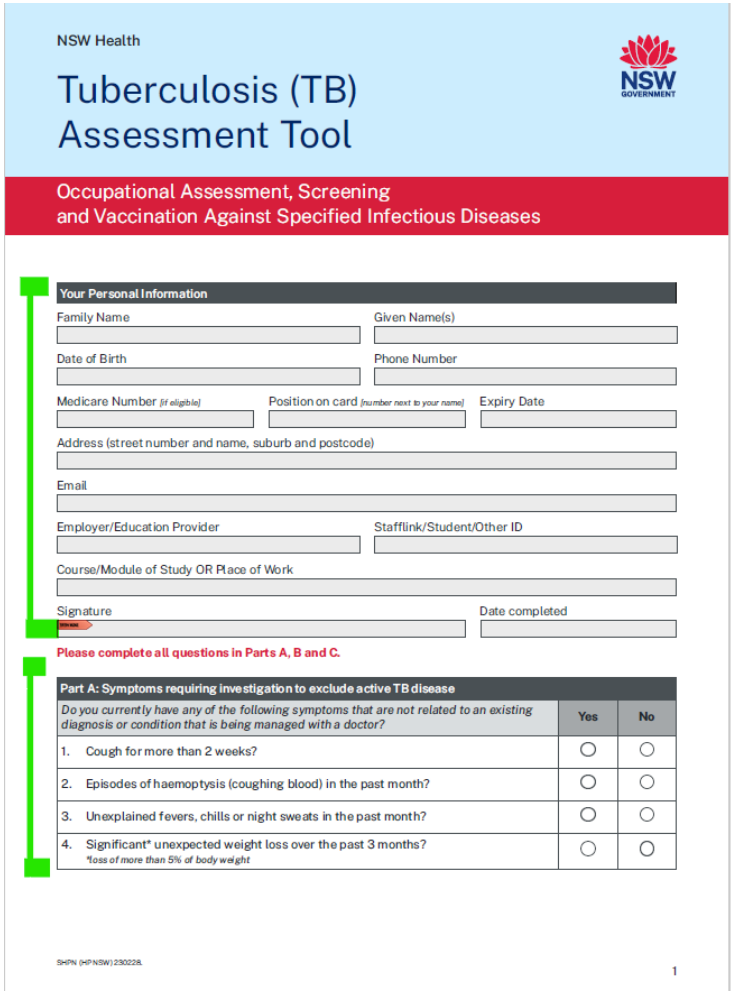
Prior to submitting- please check that all your responses and details including signature have SAVED correctly

PART C:

Q. 1: Ensure country of birth is documented.

If you have arrived in Australia recently (within the past year) or are yet to arrive please document exact date of arrival/planned arrival date

Q. 2: ALL TRAVEL to high incidence TB countries (link HERE to check) must be documented – including ANY short holidays taken ***EVER in your lifetime*** (or since your last TB screening test)



NSW Health

Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Your Personal Information

Family Name | Given Name(s)

Date of Birth | Phone Number

Medicare Number *[if eligible]* | Position on card *[number next to your name]* | Expiry Date

Address (street number and name, suburb and postcode)

Email

Employer/Education Provider | Stafflink/Student/Other ID

Course/Module of Study OR Place of Work

Signature | Date completed

Please complete all questions in Parts A, B and C.

Part A: Symptoms requiring investigation to exclude active TB disease

Do you currently have any of the following symptoms that are not related to an existing diagnosis or condition that is being managed with a doctor?	Yes	No
1. Cough for more than 2 weeks?	○	○
2. Episodes of haemoptysis (coughing blood) in the past month?	○	○
3. Unexplained fevers, chills or night sweats in the past month?	○	○
4. Significant* unexpected weight loss over the past 3 months? **loss of more than 5% of body weight*	○	○

SHPN (HP NSW) 230228

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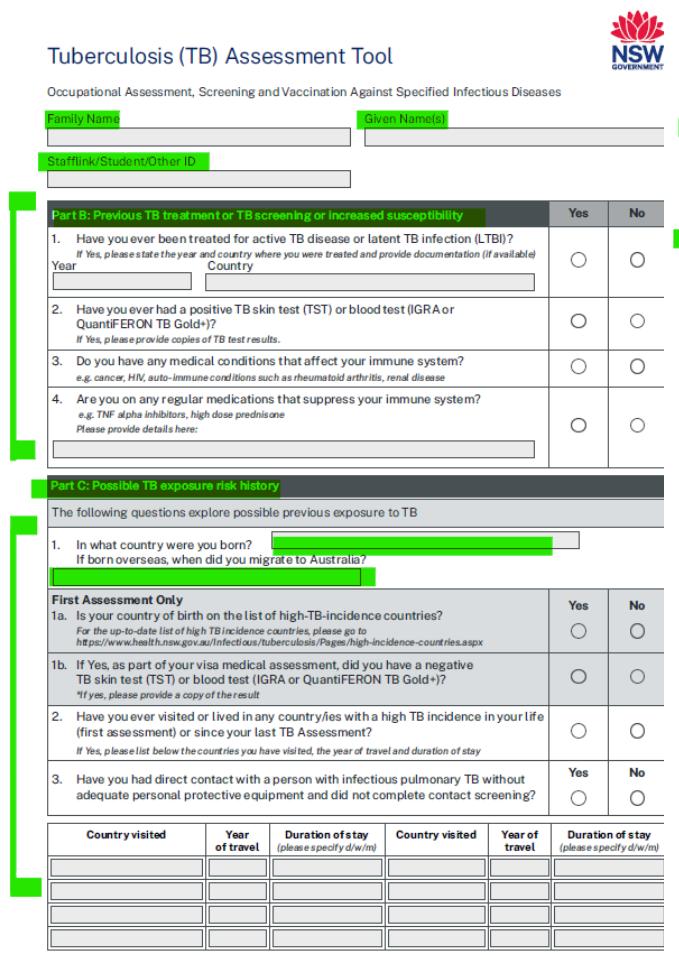


Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Family Name | Given Name(s)

Stafflink/Student/Other ID

Part B: Previous TB treatment or TB screening or increased susceptibility

	Yes	No
1. Have you ever been treated for active TB disease or latent TB infection (LTBI)? *If Yes, please state the year and country where you were treated and provide documentation (if available)* Year / Country	○	○
2. Have you ever had a positive TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)? *If Yes, please provide copies of TB test results.*	○	○
3. Do you have any medical conditions that affect your immune system? *e.g. cancer, HIV, auto-immune conditions such as rheumatoid arthritis, renal disease*	○	○
4. Are you on any regular medications that suppress your immune system? *e.g. TNF alpha inhibitors, high dose prednisone* *Please provide details here:*	○	○

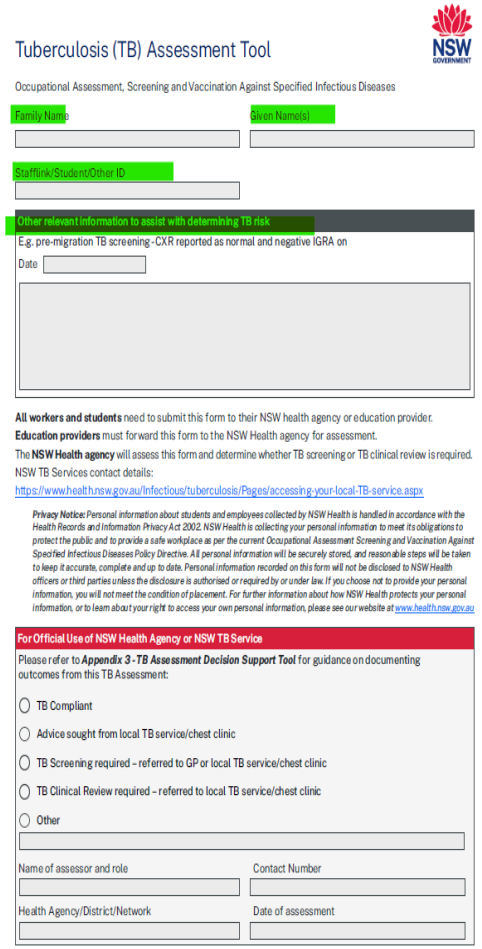
Part C: Possible TB exposure risk history

The following questions explore possible previous exposure to TB

1. In what country were you born?
   If born overseas, when did you migrate to Australia?

First Assessment Only	Yes	No
1a. Is your country of birth on the list of high-TB-incidence countries? *For the up-to-date list of high TB incidence countries, please go to https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx*	○	○
1b. If Yes, as part of your visa medical assessment, did you have a negative TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)? **If yes, please provide a copy of the result*	○	○
2. Have you ever visited or lived in any country/ies with a high TB incidence in your life (first assessment) or since your last TB Assessment? *If Yes, please list below the countries you have visited, the year of travel and duration of stay*	○	○
3. Have you had direct contact with a person with infectious pulmonary TB without adequate personal protective equipment and did not complete contact screening?	○	○

Country visited	Year of travel	Duration of stay *(please specify d/w/m)*	Country visited	Year of travel	Duration of stay *(please specify d/w/m)*



Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Family Name | Given Name(s)

Stafflink/Student/Other ID

Other relevant information to assist with determining TB risk

E.g. pre-migration TB screening -CXR reported as normal and negative IGRA on

Date

All workers and students need to submit this form to their NSW health agency or education provider.

Education providers must forward this form to the NSW Health agency for assessment.

The **NSW Health agency** will assess this form and determine whether TB screening or TB clinical review is required.

NSW TB Services contact details:

https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/accessing-your-local-TB-service.aspx

Privacy Notice: *Personal information about students and employees collected by NSW Health is handled in accordance with the Health Records and Information Privacy Act 2002. NSW Health is collecting your personal information to meet its obligations to protect the public and to provide a safe workplace as per the current Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases Policy Directive. All personal information will be securely stored, and reasonable steps will be taken to keep it accurate, complete and up to date. Personal information recorded on this form will not be disclosed to NSW Health officers or third parties unless the disclosure is authorised or required by or under law. If you choose not to provide your personal information, you will not meet the condition of placement. For further information about how NSW Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.nsw.gov.au*

For Official Use of NSW Health Agency or NSW TB Service

Please refer to ***Appendix 3 - TB Assessment Decision Support Tool*** for guidance on documenting outcomes from this TB Assessment:

- ○ TB Compliant
- ○ Advice sought from local TB service/chest clinic
- ○ TB Screening required – referred to GP or local TB service/chest clinic
- ○ TB Clinical Review required – referred to local TB service/chest clinic
- ○ Other

Name of assessor and role | Contact Number

Health Agency/District/Network | Date of assessment

3

Relevant NSW Health Policies:

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases (PD2024_015)

Principles for the Management of Tuberculosis in New South Wales

Supplemental TB Documentation

If you have been born in a high incidence TB country OR have had cumulative* travel > 12weeks to high incidence TB countries then you will require TB screening

*Cumulative = collective time of travel, EVER, in your lifetime (or since last screening). Therefore, could be multiple small trips over multiple years

(Please Note: there are also other indications for testing and referral to a TB service – please refer to Appendix 3 for the decision support tool for further information)

TB screening is to identify evidence of latent (or active) TB infection. Accepted tests for latent TB infection are an interferon gamma release assay (IGRA), or tuberculin skin test (TST, also known as Mantoux test)

A TB screening test will be valid if the following criteria are met:

- the person has no known TB exposure and has stayed/travelled for a cumulative period of less than 3 months in a country or countries with a high incidence of TB since the test was undertaken
    - NOTE: if you are an overseas student that requires TB testing - please get the IGRA no longer than 3 months prior to arrival date in Australia and DO NOT get a TST/Mantoux as we cannot accept it and we will need to repeat testing
- the test was performed prior to, on the day of, or at least 4 weeks after, a live parenteral vaccine
- a TST that was administered and read by an Australian state or territory TB clinic, or collaborating service endorsed by the Local Health District or Specialty Health Network TB service/ chest clinic, or
- an IGRA test was performed, and the results are reported in English

IF your IGRA test is POSITIVE:

Please follow up with your Dr as you require a Chest x-ray. You will also require an appointment with an NSW Health Chest Clinic

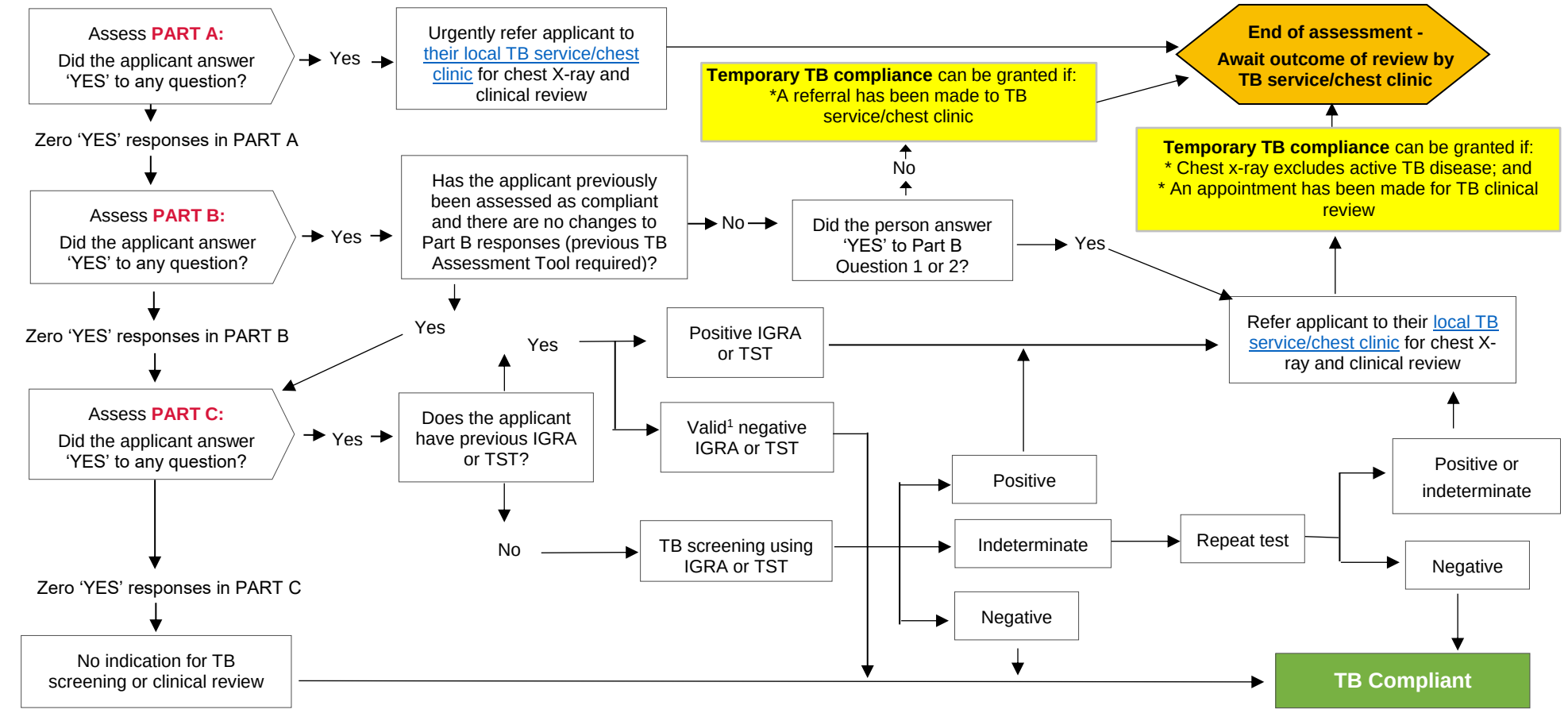
NOTE: you can be granted temporary compliance if you submit a 'clear' Chest x-ray (as documented by your Dr) AND confirmation of a Chest Clinic Appointment

Please see the next page for an excerpt from the NSW Health Policy (Appendix 3) for how decisions for screening are determined

Relevant NSW Health Policy:

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases (PD2024_015)

12.3. Appendix 3: TB Assessment Decision Support Tool



Notes:

1. *A 'valid' TB screening result must satisfy the following criteria:*
   - *No known TB exposure or stay/travel >3 months in a country or countries with a high incidence of TB since the test was undertaken*
   - *Performed prior to, or at least four weeks after, a live parenteral vaccine*
   - *A TST administered and read by an Australian state or territory TB clinic, or a collaborating service endorsed by LHD TB service (such as Staff Health with accredited TST providers)*
   - *An IGRA test where the results are reported in English.*

Document 5 – Blood Borne Virus Student Declaration Form

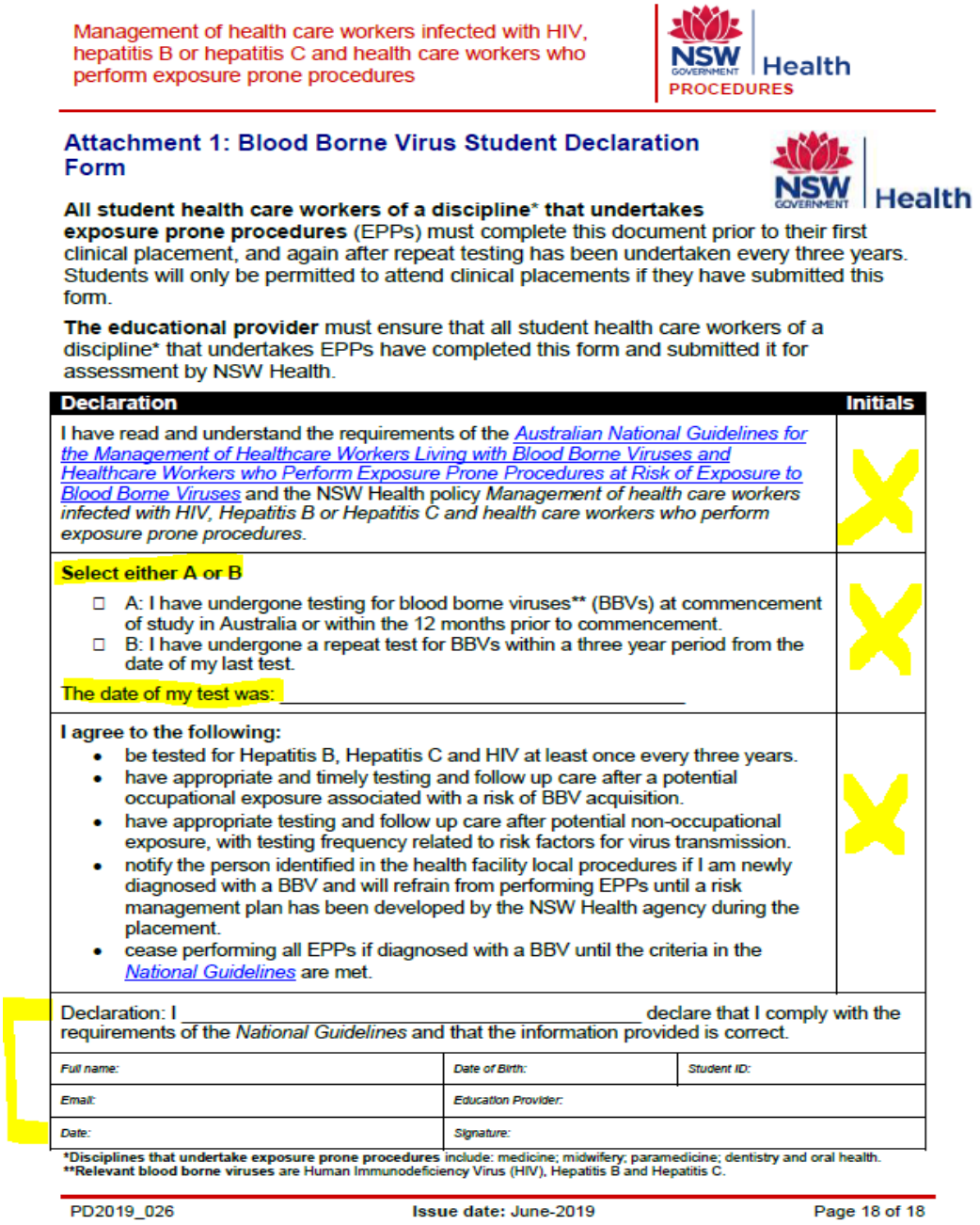
This form is only for students studying:

- Medicine
- Midwifery
- Dentistry & Oral Health
- Paramedicine

Students are required to be screened for BBVs every 3 years. Once screened please complete the form (ensuring the date of most recent test is documented), sign and submit the form.

PLEASE NOTE: We do not require a copy of the screening results (except for hepatitis B immunity results)

Relevant NSW Health Policy:
Management of health care workers with a blood borne virus and those doing exposure prone procedures (PD2019_026)



Management of health care workers infected with HIV, hepatitis B or hepatitis C and health care workers who perform exposure prone procedures

NSW GOVERNMENT Health
PROCEDURES

Attachment 1: Blood Borne Virus Student Declaration Form

NSW GOVERNMENT Health

All student health care workers of a discipline* that undertakes exposure prone procedures (EPPs) must complete this document prior to their first clinical placement, and again after repeat testing has been undertaken every three years. Students will only be permitted to attend clinical placements if they have submitted this form.

The educational provider must ensure that all student health care workers of a discipline* that undertakes EPPs have completed this form and submitted it for assessment by NSW Health.

Declaration	Initials
I have read and understand the requirements of the *Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses* and the NSW Health policy *Management of health care workers infected with HIV, Hepatitis B or Hepatitis C and health care workers who perform exposure prone procedures.*	X
Select either A or B ☐ A: I have undergone testing for blood borne viruses** (BBVs) at commencement of study in Australia or within the 12 months prior to commencement. ☐ B: I have undergone a repeat test for BBVs within a three year period from the date of my last test. The date of my test was: _____	X
I agree to the following: • be tested for Hepatitis B, Hepatitis C and HIV at least once every three years. • have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV acquisition. • have appropriate testing and follow up care after potential non-occupational exposure, with testing frequency related to risk factors for virus transmission. • notify the person identified in the health facility local procedures if I am newly diagnosed with a BBV and will refrain from performing EPPs until a risk management plan has been developed by the NSW Health agency during the placement. • cease performing all EPPs if diagnosed with a BBV until the criteria in the *National Guidelines* are met.	X

Declaration: I _____ declare that I comply with the requirements of the *National Guidelines* and that the information provided is correct.

Full name:	*Date of Birth:*	*Student ID:*
Email:	*Education Provider:*	
Date:	*Signature:*	

*Disciplines that undertake exposure prone procedures include: medicine; midwifery; paramedicine; dentistry and oral health.
**Relevant blood borne viruses are Human Immunodeficiency Virus (HIV), Hepatitis B and Hepatitis C.

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Document 6 + more – Vaccination and Immunisation evidence

Please note- there may be a few pieces of documentation including serology reports

If born/grew up in Australia:

Preferred evidence is a statement of ALL immunisations from the Australian Immunisation Register (downloaded from MyGov>Medicare)

Australian Government
Services Australia

medicare

Immunisation history statement

As at:	13 December 2022
For:	JOHN AAAA CITIZEN
Date of birth:	23 September 1999

Date given	Immunisation	Brand name given
25 Sep 2000	Measles Mumps Rubella	Priorix
28 Sep 2001	Diphtheria Tetanus Pertussis	Infanrix
	Hib	PedvaxHIB
	Poliomyelitis	Poliomyelitis
15 Apr 2003	Meningococcal C	Menjugate
26 Mar 2005	Diphtheria Tetanus Pertussis	Infanrix
	Poliomyelitis	Poliomyelitis
	Measles Mumps Rubella	Priorix
29 May 2018	Meningococcal B	Bexsero
10 Aug 2021	COVID-19	Pfizer Comirnaty
5 Sep 2021	COVID-19	Pfizer Comirnaty
15 Jun 2022	COVID-19	Pfizer Comirnaty
1 Jul 2022	Hepatitis B	Engerix-B (Adult)
2 Aug 2022	Hepatitis B	Engerix-B (Adult)
5 Nov 2022	Varicella	Varilrix

Next NIP immunisation/s due	Date due
No vaccines due.	
Notice/s	

SAMPLE

Other evidence may be:

- Completed NSW Health Vaccination Card (example of current version below and available HERE, however older versions will also be accepted)
- Serology Lab reports
- Documentation on a letterhead from your Dr
- Other documentation that we are satisfied is authentic

Evidence we may not accept:

- Baby book entries that have no discernible vaccination provider certification
- Any documentation that does not have your FULL NAME and DOB on it and has not been signed/verified by a vaccination provider

Vaccination and Immunisation evidence: information for overseas students

If born/grew up overseas:

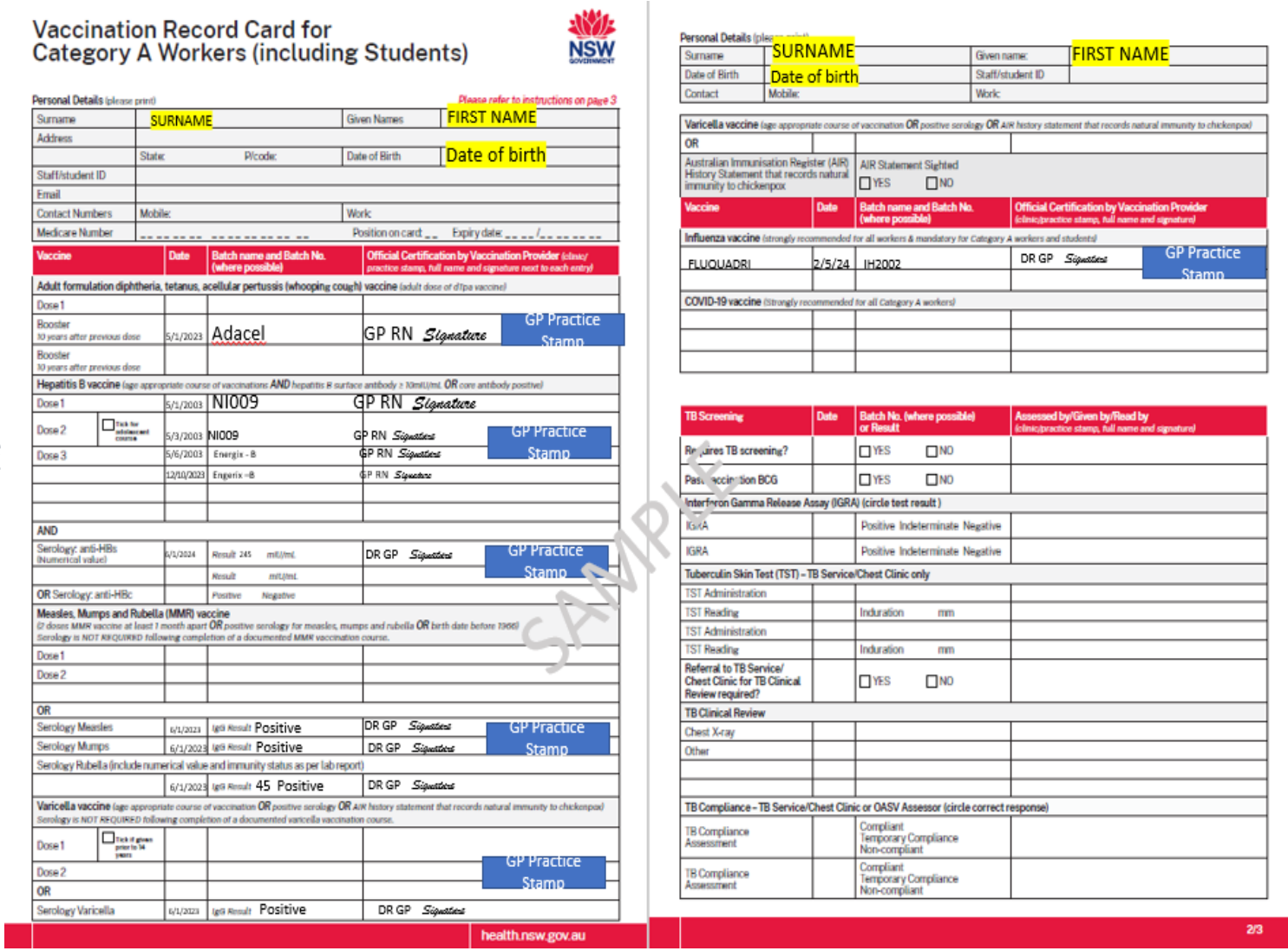
- All evidence must be documented in English (including your name and all vaccination details).
  - Vaccination records recorded in a foreign language may be translated using the Free Translating Service website provided by the Department of Home Affairs or using a local translation service.
- Vaccination Providers Overseas can use the NSW Health Vaccination Record to transcribe vaccination records provided the same requirements are completed as per previous page
- Vaccine brand names are required especially as there are different formulations and combination vaccines differ from country to country.
  - A common example is in the UK: “DTP” is a vaccine containing diphtheria, tetanus and polio (NOT pertussis)
  - Another example is some countries do not cover Measles, Mumps, Rubella (MMR) in one vaccine

Relevant NSW Health Policy:
Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases (PD2024_015)

Considerations when using the NSW Health Vaccination Record Card

- Card can only be completed by the vaccination provider (NEVER the student)
- Student Identifiers must be documented on every page (Full name and DOB as a minimum)
- Full date and brand name must be included (batch numbers are recommended but not mandatory)
- Every section of the card that is completed must be certified - that is the vaccination provider MUST:
  - Print their name and designation (role)
  - Sign each entry
  - Provide a clinic/practice stamp (if available)
- **Diphtheria, Tetanus, Pertussis**: Please ensure the BRAND or batch number is documented so we can verify the Correct vaccine has been received. Note: ADT/"Tetanus" vaccines do not cover for pertussis
- IF submitting serology results for **MMR or Varicella** – if the numerical result is documented then the immunity status MUST be included as well i.e. positive/negative/equivocal. Alternatively- provide the lab reports
- **RUBELLA** serology - must be documented with BOTH the numerical result AND immunity status. **Therefore, we recommend that you always include the lab report for Rubella**
- NOTE: IF you have documentation of full MMR and Varicella vaccination – do not check serology.

Example: NSW Health Vaccination Record Card



Vaccination Record Card for Category A Workers (including Students)

NSW GOVERNMENT

Please refer to instructions on page 3

Personal Details (please print)

Surname	SURNAME	Given Names	FIRST NAME
Address			
	State: P/code:	Date of Birth	Date of birth
Staff/student ID			
Email			
Contact Numbers	Mobile:	Work:	
Medicare Number	_ _ _ _ _ _ _ _ _ _ _ _	Position on card: _ _ Expiry date: _ _ _ _ / _ _ _ _ _	

Vaccine	Date	Batch name and Batch No. (where possible)	Official Certification by Vaccination Provider (clinic/practice stamp, full name and signature next to each entry)
Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine (adult dose of dTpa vaccine)			
Dose 1			
Booster 10 years after previous dose	5/1/2023	Adacel	GP RN *Signature* GP Practice Stamp
Booster 10 years after previous dose			
Hepatitis B vaccine (age appropriate course of vaccinations AND hepatitis B surface antibody > 10mIU/mL OR core antibody positive)			
Dose 1	5/1/2003	NI009	GP RN *Signature*
Dose 2 ☐ Tick for adolescent course	5/3/2003	NI009	GP RN *Signature* GP Practice Stamp
Dose 3	5/6/2003	Energix - B	GP RN *Signature*
	12/10/2023	Engerix –B	GP RN *Signature*
AND			
Serology: anti-HBs (Numerical value)	6/1/2024	Result 245 mIU/mL	DR GP *Signature* GP Practice Stamp
		Result mIU/mL	
OR Serology: anti-HBc		Positive Negative	
Measles, Mumps and Rubella (MMR) vaccine (2 doses MMR vaccine at least 1 month apart OR positive serology for measles, mumps and rubella OR birth date before 1966) Serology is NOT REQUIRED following completion of a documented MMR vaccination course.			
Dose 1			
Dose 2			
OR			
Serology Measles	6/1/2023	IgG Result Positive	DR GP *Signature* GP Practice Stamp
Serology Mumps	6/1/2023	IgG Result Positive	DR GP *Signature*
Serology Rubella (include numerical value and immunity status as per lab report)			
	6/1/2023	IgG Result 45 Positive	DR GP *Signature*
Varicella vaccine (age appropriate course of vaccination OR positive serology OR AIR history statement that records natural immunity to chickenpox) Serology is NOT REQUIRED following completion of a documented varicella vaccination course.			
Dose 1 ☐ Tick if given prior to 14 years			
Dose 2			GP Practice Stamp
OR			
Serology Varicella	6/1/2023	IgG Result Positive	DR GP *Signature*

health.nsw.gov.au

Personal Details (please print)

Surname	SURNAME	Given name:	FIRST NAME
Date of Birth	Date of birth	Staff/student ID	
Contact	Mobile:	Work:	

Varicella vaccine (age appropriate course of vaccination OR positive serology OR AIR history statement that records natural immunity to chickenpox)			
OR			
Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox		AIR Statement Sighted ☐ YES ☐ NO	
Vaccine	**Date**	**Batch name and Batch No. (where possible)**	**Official Certification by Vaccination Provider** (clinic/practice stamp, full name and signature)
Influenza vaccine (strongly recommended for all workers & mandatory for Category A workers and students)			
FLUQUADRI	2/5/24	IH2002	DR GP *Signature* GP Practice Stamp
COVID-19 vaccine (Strongly recommended for all Category A workers)			

TB Screening	**Date**	**Batch No. (where possible) or Result**	**Assessed by/Given by/Read by** (clinic/practice stamp, full name and signature)
Requires TB screening?		☐ YES ☐ NO	
Post vaccination BCG		☐ YES ☐ NO	
Interferon Gamma Release Assay (IGRA) (circle test result)			
IGRA		Positive Indeterminate Negative	
IGRA		Positive Indeterminate Negative	
Tuberculin Skin Test (TST) – TB Service/Chest Clinic only			
TST Administration			
TST Reading		Induration mm	
TST Administration			
TST Reading		Induration mm	
Referral to TB Service/ Chest Clinic for TB Clinical Review required?		☐ YES ☐ NO	
TB Clinical Review			
Chest X-ray			
Other			
TB Compliance – TB Service/Chest Clinic or OASV Assessor (circle correct response)			
TB Compliance Assessment		Compliant Temporary Compliance Non-compliant	
TB Compliance Assessment		Compliant Temporary Compliance Non-compliant	

SAMPLE

2/3

Relevant NSW Health Policy:

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases (PD2024_015)

Frequently Asked Questions Regarding Vaccination Requirements:

Diphtheria, Tetanus, Pertussis:

- I had all my childhood doses, but no adult dose within the last 10 years, do I need another dose? YES – dTpa is required every 10 years and MUST be the adult formation
- Can I have a blood test to prove immunity? NO- vaccination is mandatory
- I have a medical contraindication to dTpa vaccination, can I still be compliant? Possibly- Medical contraindication may be accepted, as specified in the Australian Immunisation Handbook, recorded on the Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011) AND AIR immunisation history statement (IHS), for assessment by the NSW Health agency.
- I had a dose in the last 10 years but don't have the documentation, what do I do?

  The documentation MUST be supplied. Your options are:

  1. Get a dose now
  2. Try and track down your records- check your AIR statement, GP records or school vaccination records

Measles, Mumps, Rubella:

- I have 2 documented doses of MMR vaccine (given at least 4 weeks apart), do I need to check my bloods for immunity? NO- serological testing is NOT recommended after a completed vaccination course
- I have 2 documented doses of MMR AND serology which shows a negative/low positive/equivocal result to one of the diseases – am I still compliant? YES - A documented age-appropriate MMR vaccination course supersedes the results of subsequent serologic testing. However, women of childbearing age with a complete MMR vaccination course and negative rubella immunity will be informed to attend their doctor for a discussion about individual risk and advice about additional doses.
- I have 1 documented dose of MMR AND serology which shows a negative/low positive/equivocal result to one of the diseases – what do I do? if you have submitted serology that is not definitively POSITIVE to all 3 diseases, you will need ONE dose of MMR (DO NOT REPEAT serology afterwards)
- I have no documentation of MMR vaccination (but know I had it) AND serology which shows a negative/low positive/equivocal result to one of the diseases – what do I do? if you have submitted serology that is not definitively POSITIVE to all 3 diseases AND do not have any documentation of previous vaccination then you need to complete a full course. This means x 2 doses at a minimum 28 days apart (DO NOT REPEAT serology afterwards)
- I have a medical contraindication to MMR vaccination, can I still be compliant? Possibly- Medical contraindication may be accepted, as specified in the Australian Immunisation Handbook, recorded on the Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011) AND AIR immunisation history statement (IHS), for assessment by the NSW Health agency.

Relevant NSW Health Policy:

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases (PD2024_015)

Frequently Asked Questions Regarding Vaccination Requirements:

Hepatitis B:

- I had all my childhood doses; do I need serology (blood test)? YES – the requirement is twofold:
  1. Evidence of an age-appropriate hepatitis B vaccination course AND
  2. Serology showing immunity

  A 6-month Temporary compliance period will only be granted if serology has been completed (when serology shows no immunity- please see point 3 below for further info)

- I have just commenced a course of vaccination – can I still go on placement? YES- you will be granted a 6-month temporary compliance period to complete the requirements. The minimum intervals of vaccination that complies with the NSW Health Policy & Australian Immunisation Handbook are as follows. It is advisable to follow these intervals to prevent your temporary compliance period lapsing and becoming not compliant (Please ensure you discuss this with your GP/vaccination provider as some may not be aware of the current minimum intervals):
  - *a minimum interval of 1 month between the 1st and 2nd dose; and*
  - *a minimum interval of 2 months between the 2nd and 3rd dose; an*
  - *a minimum interval of 4 months (or 16 weeks) between the 1st and 3rd dose.*

- I have evidence of one age-appropriate course (x 3 doses as an infant or adult OR x 2 doses given between 11-15 years), however my serology does not show immunity, what's next? From a Compliance point of view, you will be granted a 6-month temporary compliance period to have further dose(s) and repeat serology.
  - If you have a documented course in the past, the advice in the Australian Immunisation Handbook is to receive one booster dose (Dose 4) then repeat serology a minimum 4 weeks later **(it is not always necessary to have a full 2nd course).**
  - If immune, you will be compliant
  - If remains not immune, then:
    1. Ensure you are tested for hepatitis B virus infection (if have not been previously checked)
    2. If nil infection- you should receive 2 more doses minimum ONE MONTH apart. NOTE: As this is a second course- the minimum intervals that are stipulated for Primary (first courses) do not apply. Please ensure you discuss this with your GP/vaccination provider as some may not be aware of the current recommendation. Once you receive the additional 2 doses, serology should be checked a minimum 4 weeks after the final dose
  - If still not immune after x 2 documented age-appropriate vaccination courses, then you will be recognised as a persistent non-responder and advice will be provided so you know what to do if you ever have an exposure. You will be considered Compliant with the Policy

PLEASE NOTE: Temporary compliance is granted only once and ONLY for students in their FIRST YEAR of study. It cannot be extended when it is clear that the above advice has not been followed or there was a failure to follow up in the adequate time frame.

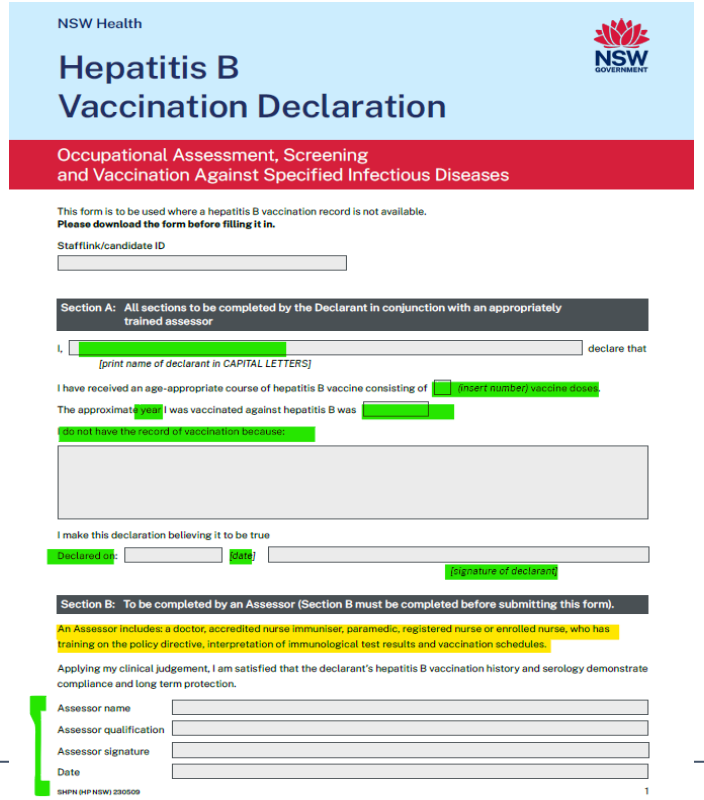
Relevant NSW Health Policy:

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases (PD2024_015)

Hepatitis B:

- I had a full vaccination course in the past but don't have the documentation AND serology shows NO immunity, what do I do? You will require a full age-appropriate vaccination course and repeat serology at the end of the course. A verbal history or hepatitis B vaccination declaration cannot be accepted.

- I had a full vaccination course in the past but don't have the documentation AND serology shows immunity, what do I do? As long as you (or your parent/guardian) are 100% sure that you have completed a course, you can complete a Hepatitis B Declaration Form with your GP or appropriately trained health care provider (as defined on the form). You must include the: number of doses received; approximate year of vaccination and; the reason for not having the records (e.g. lost/did not keep records of evidence)



NSW Health

Hepatitis B
Vaccination Declaration

Occupational Assessment, Screening
and Vaccination Against Specified Infectious Diseases

This form is to be used where a hepatitis B vaccination record is not available.
Please download the form before filling it in.

Stafflink/candidate ID

Section A: All sections to be completed by the Declarant in conjunction with an appropriately trained assessor

I, [redacted] declare that
[print name of declarant in CAPITAL LETTERS]

I have received an age-appropriate course of hepatitis B vaccine consisting of [redacted] *(insert number)* vaccine doses.

The approximate year I was vaccinated against hepatitis B was [redacted]

I do not have the record of vaccination because:

I make this declaration believing it to be true

Declared on: [redacted] *[date]* [redacted]
[signature of declarant]

Section B: To be completed by an Assessor (Section B must be completed before submitting this form).

An Assessor includes: a doctor, accredited nurse immuniser, paramedic, registered nurse or enrolled nurse, who has training on the policy directive, interpretation of immunological test results and vaccination schedules.

Applying my clinical judgement, I am satisfied that the declarant's hepatitis B vaccination history and serology demonstrate compliance and long term protection.

Assessor name
Assessor qualification
Assessor signature
Date

SHPN (HP NSW) 230509

1

Frequently Asked Questions Regarding Vaccination Requirements:

Varicella :

- I have 1 documented dose of Varicella vaccine when I was under 14 years of age, do I need to check my bloods for immunity? NO- serological testing is NOT recommended after a completed vaccination course
- I had chicken pox as a child and should be immune aren't I compliant? You likely will be immune, HOWEVER unless you have evidence of vaccination, you will require serology showing immunity
- I have a documented age-appropriate vaccination course of Varicella AND serology which shows a negative/low positive/equivocal result– what do I do? Protection is assumed: You DO NOT need further vaccines as commercial labs often are not sensitive enough to detect all seroconversions- you will still be compliant
- I have no documentation of Varicella vaccination AND serology which shows a negative/low positive/equivocal result to one of the diseases – what do I do? if you have submitted serology that is not definitively positive AND do not have any documentation of previous vaccination then you need to complete a full course. This means x 2 doses at a minimum 28 days apart (DO NOT REPEAT serology afterwards)
- I have a documented medical contraindication to Varicella vaccination/ "live" vaccines, can I still be compliant? Possibly- Medical contraindication may be accepted, as specified in the Australian Immunisation Handbook, recorded on the Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011) AND AIR immunisation history statement (IHS), for assessment by the NSW Health agency.

Influenza Vaccination:

- When do I need to have the flu vaccine? Seasonal Flu vaccination needs to be given prior to 1st June and is mandatory for all clinical placements occurring between 1st June- 30th September every year
- I had the flu vaccine overseas – am I compliant? Unless it is clearly documented and can be verified as the current season's TGA approved Southern Hemisphere flu vaccine we cannot accept overseas flu vaccine evidence. Therefore, we recommend waiting to receive the flu vaccine once you arrive in Australia
- How do I know the vaccine is the current flu season's vaccine? The flu vaccine in Australia is generally available from early March every year, therefore if you receive a vaccine prior to March 1st, it is not considered the current seasons vaccine and you will need to repeat the dose
- I don't have a clinical placement until after 30th September- do I still need to have the flu vaccine? From a compliance point of view - No you do not (however we strongly recommend all students have the flu vaccine- also check your uni requirements)
- I have a medical contraindication to the flu vaccine or wish to not receive it - what do I need to do? Medical contraindication may be accepted, as specified in the Australian Immunisation Handbook, recorded on the Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011) AND AIR immunisation history statement (IHS), for assessment by the NSW Health agency.
  If you wish to decline the flu vaccine there are additional requirements and a declination form to complete and comply with (Refer to Section 6.1 of PD2024_015)

COVID Vaccination:

- **No longer required as per NSW Health Policy – however all students are encouraged to be informed of current recommendations for their personal medical circumstances and age**

Further Information can be found within the NSW Health Policy (particularly in Appendix 1:Evidence of Protection) & NSW Health Website: OASV FAQ

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases (PD2024_015)

Medical Contraindications and Managing Risk for Students on Placement in South Eastern Sydney Local Health District (SESLHD)

Note: On initial assessment, SESLHD will assess your contraindication evidence for validity, however every facility/LHD will have their own process for individually assessing suitability for placement. Therefore even if your contraindication is assessed as valid, there are no guarantees that you will be accepted for placement. Every placement a student is allocated to with a contraindication will need to be risk assessed. Below is the process for SESLHD only. If you will be undertaking placements in a different LHD/facility that is not within SESLHD, your Education Provider will have to reach out to that particular organisation and see what their process is.

Background:

As per the Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases Policy (PD2024_015) published in May 2024, students who have a medical contraindication to MMR (measles, mumps, rubella) , Varicella or dTpa (diphtheria, tetanus, pertussis) are able to attend placement, provided they have an approved contraindication and can be risk managed by the accepting clinical unit. Prior to this iteration of the policy, students were unable to be considered for placement if they were not vaccinated (even with valid medical contraindications).

Rationale:

Governance processes must be in place to ensure students that wish to attend placement in a SESLHD clinical unit that are not protected as per the Policy are risk managed.

This process is required because the student will always appear as "Not Compliant" in ClinConnect (NSW Health Student Placements Portal)– except where the contraindication has been reviewed and placement approved for that specific placement period only within a facility/LHD. As soon as the placement finishes the student defaults to Not Compliant on ClinConnect

Key Documents include:

From the Student and/or Education Provider:

- Evidence of medical contraindication in the form of:
  - Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011) AND
  - AIR immunisation history statement (IHS) with the recorded medical contraindication)
- Signed Undertaking/Declaration Form

To be completed once contraindication is approved

- NSW Health Individual Risk Management Plan

What do you do if the Education Provider or Student contacts you (as the student supervisor/coordinator) about having a medical contraindication to a vaccine?

1. Follow the attached process diagram and send a copy of diagram (and this document) to the education provider and student
2. Contact the SESLHD ClinConnect Nurse Manager: SESLHD-StudentPlacements@health.nsw.gov.au OR SESLHD-StudentCompliance@health.nsw.gov.au

The following process diagram explains the steps that the education provider, student and health service need to do when this situation arises.

** Exclusions: Vaccine Refusers or choice to not participate *does not* apply to students in the case of MMR, Varicella, dTpa and Hepatitis B- as per Section 6.2.2 of the Policy (PD2024_015)- students who do not consent to participate in assessment, screening and vaccination are NOT to attend placements within a NSW Health facility and this process does not apply to them.

EP Identifies student with contraindication to MMR OR Varicella OR dTpa

- Student will appear as Not Compliant in ClinConnect.
- EP's must have internal processes to ensure they are aware that this student will need further assessment for every placement due to contraindication to MMR, varicella or dTpa.
- Student must ensure they have evidence of the appropriate documentation* regarding the vaccine contraindication.

*Medical contraindication may be accepted, as specified in the Australian Immunisation Handbook, recorded on the Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011) AND AIR immunisation history statement (IHS), for assessment by the NSW Health agency

EP assigns a student to placement in a SESLHD Facility within ClinConnect. EP and/or Student to send through the contraindication evidence documentation to SESLHD-StudentCompliance@health.nsw.gov.au at least 4 weeks prior to placement commencement date

SESLHD Nurse Manager for ClinConnect Management & Governance (NM-CC M&G) to assess evidence for validity within 5 working days of receiving email

Contraindication Assessed as valid

Contraindication Assessed as not valid

SESLHD NM-CC M&G may request further evidence from the student or EP (then will get assessed as valid or not valid)

SESLHD NM-CC M&G will liaise with the placement clinical unit manager or student supervisor/coordinator so that the risk assessment process can be commenced

Final decision to not grant approval for contraindication must be sent to EP and student by NM-CC M&G with rationale. Unless further information is presented after this decision it cannot be appealed

- Final decision to be sent to EP and Student no longer than 2 weeks prior to original placement commencement date
- NM-CC M&G to communicate decision to SESLHD Student supervisor/coordinator

Clinical Unit Does NOT accept student for placement (based on risk assessment)

Clinical Unit Accepts Student for Placement (based on risk assessment)

Rationale for risk assessment to be provided to the EP and/or student from the clinical unit representative.

And forwarded to NM-CC M&G so that it can be filed in Student Compliance Governance folder^

If Clinical unit accepts student for placement- An Individual Risk Management Plan must be completed. The SESLHD NM-CC&G can assist with drafting this plan; however, the accepting clinical manager has the responsibility to assess if the student can be risk managed throughout the placement.

Risk management plan to be agreed and signed by both accepting clinical manager and student (can be done electronically)

Risk management plan to be sent to NM-CC M&G so that it can be filed in Student Compliance Governance folder^ and note left on student ClinConnect profile along with expiry date of compliance (i.e. placement end date with SESLHD)

EP = Education Provider i.e. university or TAFE

^ Risk management plan to be saved in Content Manager