

## 8.16.1 Employee Immunisation Record

**\*\*Please Note\*\*** This document remains strictly private and confidential and will be filed in your employee file.

Employee Name	Date of Birth
Position in Service	Date of Employment

The National Health and Medical Research Council (NHMRC) recommends that all educators and other employees are immunised against:

- Pertussis (Whooping cough) – this is especially important for educators and other employees caring for the youngest children who are not fully vaccinated.
- Measles/mumps/rubella (MMR) – for educators and other employees born during or since 1966 who do not have vaccination records of two doses of MMR, or do not have antibodies against rubella.
- Varicella (chickenpox) – for employees who have not previously had chicken pox.
- Hepatitis A – young children may not show any symptoms however, they may be infectious. Additional vaccinations are recommended for special categories of educators and other employees:
- Hepatitis B – for educators and other employees who care for children with intellectual disabilities. Although the risk is low, seek advice about hepatitis B immunization if the children are unimmunized. Immunisation of the children should be encouraged.
- Japanese encephalitis – for educators and other employees who work in the outer Torres Strait Islands for one month or more during the wet season.

### Immunisation history

Vaccine	Immunity Status (immune/not immune)	Date vaccine given	Date vaccine given	Date vaccine given	Date vaccine given	Revision date
Hepatitis A						
Hepatitis B						
Pertussis (whooping cough)						
Influenza						
MMR						
Varicella (chickenpox)						
Other						

### Immunisation acknowledgement

I, ..... acknowledge that I have received information about the risks of infectious diseases that my position at the service poses. I have been provided with written information about service procedures and I understand and acknowledge the implications of being exposed to such diseases as part of my work duties.

Employee	Signature	Date
Nominated Supervisor	Signature	Date

## Immunisation objection

I do not wish to (please tick the appropriate statements):

☐ disclose my previous vaccination history

☐ undertake any recommended vaccinations **\*\*Please Note\*\*** - A Conscientious Objection letter, signed by a Medical Practitioner, MUST be provided

Consent to discuss immunisation history

I, ..... do/do not consent for the Nominated supervisor to discuss my immunisation history, with relevant stakeholders, in relation to my work duties and the risks posed if there is an outbreak.

Employee	Signature	Date
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DATE DEVELOPED	DATE RATIFIED	DATE REVIEWED	DATE RATIFIED
August 2018	August 2018	23.06.2021	October 2021
		09.04.2024	April 2024