

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 |
|----------|-----------|------|
| | | |

| DATE DEVELOPED | DATE RATIFIED | DATE REVIEWED | DATE RATIFIED |
|----------------|---------------|---------------|---------------|
| August 2018 | August 2018 | 23.06.2021 | October 2021 |
| | | 09.04.2024 | April 2024 |
| | | February 2026 | February 2026 |