**ADVICE FOR PROSPECTIVE EMPLOYEES**

1. It is a requirement of your employment within the health industry that have been immunised against preventable diseases. NPT requires evidence of your immunisation status prior to employment. This is to ensure compliance with current Australian Infection Control and Occupational Health Requirements is met in order to protect you and the patients transported from exposure to vaccine preventable diseases.
2. **Acceptable evidence** of protection against specified diseases includes:
   * A written record of vaccination signed by the medical practitioner or a certified copy of Medicare immunisation records, and / or
   * Serological confirmation of protection where specified.

Note: records of immunisation without the serology reports where required are not considered acceptable forms of evidence.

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| **DISEASE** | **Status Requirement** | **Evidence Requirements** |
| **MANDATORY REQUIREMENTS** | | |
| Hepatitis B | At least 3 vaccinations followed by immunity confirmed by serology | Evidence of at least 3 vaccinations  **AND**  Copy of results of immune status (blood test – Hepatitis B Surface Antibody) |
| Varicella (chickenpox) | Completed course  **OR**  Confirmed immunity | Evidence of two (2) doses of Varicella vaccine;  OR  Results of blood test demonstrating immunity to Varicella |
| Pertussis | Booster within 10 years | Evidence of most recent booster of Pertussis containing vaccine during adulthood (maximum 10 years) |
| Measles, mumps, rubella (MMR) | Born before cut-off; OR  Completed course; or confirmed immunity | Were you born in Australia before 1966? **YES/NO**  If **NO**: evidence of two (2) doses of Measles / Mumps / Rubella vaccination;  **OR**  Results of blood test demonstrating immunity to Measles, Mumps and Rubella (all three) |
| **RECOMMENDED** | | |
| Influenza | Current vaccine | Confirmation of most recent year’s vaccine |
| Tetanus | Last booster | Proof of most recent booster |
| Meningococcal | Completed course | Proof of completion of Meningococcal vaccine course |
| Hepatitis A | Completed course | Proof of completion of Hepatitis A vaccine course |
| COVID-19 | Completed course | Proof of completion of COVID-19 vaccine course |

**NEW EMPLOYEE UNDERTAKING / DECLARATION**

As a perspective employee within the health industry, all applicants must complete this declaration and return this form plus all of the required supporting evidence to NPT with their completed application.

Failure to supply mandatory vaccination requirements will deem your application to be in-complete and therefore will not be processed further.

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| **EVIDENCE PROVIDED - MANDATORY REQUIREMENTS** | | | |
| Hepatitis B | Evidence of at least 3 vaccinations  **AND**  Copy of Hepatis B Serology report showing immunity  If both not supplied, please state reasons why:  Click or tap here to enter text. | | |
| Varicella | Choose an item. | | |
| Pertussis | Choose an item.  Date of Vaccination : Click or tap to enter a date. – this must not be more than 10 years ago | | |
| Measles / Mumps / Rubella | Choose an item. | | |
| **EVIDENCE PROVIDED - RECOMMENDED** | | | |
| Influenza | Choose an item. | | |
| Tetanus | Choose an item.  Date of Vaccination : Click or tap to enter a date. – this must not be more than 10 years ago | | |
| Meningococcal | Choose an item. | | |
| Hepatitis A | Choose an item. | | |
| COVID-19 Vaccination | Choose an item.  (if available for your cohort under Phase 2 and 3 of the Australian Government Roll-out strategy) | | |
| **DECLARATION – I declare that the information I have provided is correct** | | | |
| **NAME** | Click or tap here to enter text. | | |
| **SIGNATURE** |  | **DATE** | Click or tap to enter a date. |

Please print and sign form. Scan signed form together with required evidence and attach to your job application.