

### INSTRUCTIONS

Please download & save form prior to filling. Refer below to Appendix 1 - How to fill & sign PDF fillable forms

Enough information must be provided to enable an assessor to verify that an appropriate vaccine has been administered by a registered vaccination provider therefore:

- Providers should record their full name, signature, date specific vaccine given and official provider stamp at the time of vaccine administration.
- Record batch numbers where possible.
- Serological results should be recorded on the card as numerical values or positive/negative, as appropriate, not simply “immune”.
- Copies of vaccination records (e.g. childhood vaccinations) and copies of relevant pathology reports may be attached to the card, if available.
- For medical contraindications, attach a copy of the Australian Immunisation Register (AIR)-immunisation medical exemption form (IM011) and AIR Immunisation History Statement with the recorded medical contraindication.
- Attach another card if additional recording space is required.

### Evidence required for Category A and Category A-EPP Members

Disease	Evidence of vaccination	Documented serology results	Other evidence
<b>COVID-19</b>	It is strongly recommended to remain up to date with COVID-19 vaccinations as recommended for your age and health status by <a href="#">The Australian Immunisation Handbook</a>	Not applicable	
<b>Diphtheria, tetanus, pertussis (whooping cough)</b>	One adult dose of pertussis containing vaccine (dTpa) <sup>1</sup> within the last 10 years.  <b>Do not use ADT vaccine as it does not contain the pertussis component</b>	Serology must not be accepted	
<b>Hepatitis B</b>	History of completed age-appropriate course of hepatitis B vaccine  Adolescent course: two doses of adult vaccine, given 4 to 6 months apart, between 11-15 years of age, <b>an accelerated course is not acceptable.</b>	Anti-HBs greater than or equal to 10mIU/mL  <b>Serology must be at least 4 weeks after completing the hepatitis B vaccine course</b>	Documented evidence of anti- HBc, indicating past hepatitis B infection, and/or HBsAg+
<b>Measles, mumps, rubella (MMR)</b>	2 doses of MMR vaccine at least one month apart <b>Serology is NOT REQUIRED following completion of a documented MMR vaccination course.</b>	Positive IgG for measles, mumps and rubella <sup>2</sup>	Birth date before 1966
<b>Varicella (chickenpox)</b>	2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age. <b>Serology is NOT REQUIRED following completion of a varicella vaccination course</b> )	Positive IgG for varicella <sup>3</sup>	An Australian Immunisation Register (AIR) history statement that records natural immunity to chickenpox can also be accepted as evidence of compliance for varicella <sup>3</sup>
<b>Tuberculosis (TB)</b>  <i>* For those assessed as requiring screening</i>	<b>Not applicable</b>	Interferon Gamma Release Assay (IGRA)  + Clinical review for positive results by TB Service/Chest Clinic	Tuberculin skin test (TST)  + Clinical review for positive results by TB Service/Chest Clinic
<b>Influenza vaccine</b>	One dose of current southern hemisphere seasonal influenza vaccine by 1 June each year	Not applicable	

\*TB screening (TST or IGRA) required if the person was born in a country with high incidence of TB, or has resided or travelled for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at:

[www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx](http://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx)

<sup>1</sup> Serology must not be performed to detect pertussis immunity.

<sup>2</sup> Serology is only required for MMR protection if vaccination records are not available and the person was born during or after 1966.

<sup>3</sup> A verbal history of Varicella disease must not be accepted.

**Personal Details**

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Surname			Given Names		
Address					
	State:	P/code:	Date of Birth		
AGS Number		Position			Category
Email				Block No.	
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)
<b>Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine (adult dose of dTpa vaccine)</b>			
Dose 1			
Booster <i>10 years after previous dose</i>			
Booster <i>10 years after previous dose</i>			
<b>Hepatitis B vaccine (age appropriate course of vaccinations AND hepatitis B surface antibody <math>\geq</math> 10mIU/mL OR core antibody positive)</b>			
Dose 1			
Dose 2	Tick for adolescent course		
Dose 3			
<b>AND</b>			
Serology: anti-HBs (Numerical value)		Result mIU/mL	
		Result mIU/mL	
OR Serology: anti-HBc		Positive Negative	
<b>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.</b>			
Dose 1			
Dose 2			
<b>OR</b>			
Serology Measles		IgG Result	
Serology Mumps		IgG Result	
Serology Rubella (include numerical value and immunity status as per lab report)			
		IgG Result	
<b>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.</b>			
Dose 1	Tick if given prior to 14 years		
Dose 2			
<b>OR</b>			
Serology Varicella		IgG Result	

# Vaccination Record Certificate Of Compliance

Surname		Given name:	
<b>Varicella vaccine</b> (age appropriate course of vaccination <b>OR</b> positive serology <b>OR</b> 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	
<b>Vaccine</b>	<b>Date</b>	<b>Batch name and Batch No. (where possible)</b>	<b>Official Certification by Vaccination Provider (clinic/practice stamp, full name and signature)</b>
<b>Influenza vaccine</b> (strongly recommended for all Category A members)			
<b>COVID-19 vaccine</b> (Strongly recommended for all Category A members)			
<b>TB Screening</b>	<b>Date</b>	<b>Batch No. (where possible) or Result</b>	<b>Assessed by/Given by/Read by (clinic/practice stamp, full name and signature)</b>
Requires TB screening?		YES          NO	
Past vaccination BCG		YES          NO	
<b>Interferon Gamma Release Assay (IGRA) (tick test result )</b>			
IGRA		Positive    Indeterminate    Negative	
IGRA		Positive    Indeterminate    Negative	
<b>Tuberculin Skin Test (TST) - TB Service/Chest Clinic only</b>			
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	
<b>TB Clinical Review</b>			
Chest X-ray			
Other			
<b>TB Compliance - TB Service/Chest Clinic or OASV Assessor (tick correct response)</b>			
TB Compliance Assessment		Compliant Temporary Compliance Non-compliant	
TB Compliance Assessment		Compliant Temporary Compliance Non-compliant	

**COMMENCED:** The above-named person has commenced a vaccination schedule for all required VPDs listed above.

Provider No:

Print Name:

Signature:

Date:

### Authorised Australian Immunisation Provider Declaration

Practice Stamp  
 or Address Here

Practice Stamp  
 or Address Here

**COMPLETED:** The above-named person has acceptable evidence of immunity to all required VPDs listed above.

Provider No:

Print Name:

Signature:

Date:

## How do I fill and sign PDF fillable forms on my computer?

- 1. Make sure Adobe Acrobat Reader software is installed on your personal computer/device**  
 If Acrobat Reader isn't already installed, you can [download PDF reader](#). Alternatively, you can use Adobe Fill & Sign app available on App Store for iPhone or iPad and Google Play  
**NOTE:** You can not download PDF reader on ACT Government devices without permission.
- 2. Download the form**  
 Save the form as a PDF file, either on your computer's desktop or in a folder. This is important as certain web browsers won't save your information after editing.
- 3. Clicking on a hyperlink within the form**  
 Right click the hyperlink and choose 'open link in new window' to avoid losing already filled information.
- 4. Open the form**  
 You might need to right-click your mouse or track-pad and choose 'Open with > Adobe Acrobat Reader'. Once open, consider enlarging the page to assist navigating through the field options.
- 5. Type your details into the form**  
 The form is an 'editable' PDF, which means you can click on any of the fields highlighted in grey to start filling in the form.
- 6. Sign the form**  
 Once you have completed the form, you will need to sign it electronically with the "Fill & Sign" function. Click the "Sign" icon on the top menu bar and select "Add Signature" then "Draw" to draw your signature. Once you're happy with your signature, click "Apply" to add it to the signature sections (grey boxes) of the document. Select close once you have added your signature. If you make a mistake, click on signature and choose delete. Alternatively, use the eraser option to remove and then start again.
- 7. Save your form**  
 Once you have completed all sections of the form, save the PDF file. This will ensure all your information is retained.

## What Category am I?

### ACTAS Category A position/roles:

- Intensive Care Paramedic (ICP)
- ICP/Extended Care Paramedic (ECP)
- Ambulance Paramedic (AP)
- AP2/ECP
- Graduate Paramedic Intern
- Patient Transport Officer
- Communications Centre
- Operational Support

**Category A-EPP:** The Flight Intensive Care Paramedic position is sub-classified as Category A-EPP. This is due to their scope of practice including finger thoracostomy.

### INFORMATION SHEET 1. – Risk categorisation guidelines

Category A	
<b>Protection against the specified infectious diseases is required</b>	
<b>Direct physical contact with:</b> <ul style="list-style-type: none"> <li>- patients/clients</li> <li>- deceased persons, body parts</li> <li>- blood, body substances, infectious material or surfaces or equipment that might contain these (eg soiled linen, surgical equipment, syringes)</li> </ul>	
<b>Contact that would allow the acquisition or transmission of diseases that are spread by respiratory means.</b> Includes persons: <ul style="list-style-type: none"> <li>- whose work requires frequent/prolonged face-to-face contact with patients or clients eg interviewing or counselling individual clients or small groups; performing reception duties in an emergency/outpatients department;</li> <li>- whose normal work location is in a clinical area such as a ward, emergency department, outpatient clinic (including, for example, ward clerks and patient transport officers); or</li> <li>- who frequently throughout their working week are required to attend clinical areas, eg food services staff who deliver meals.</li> </ul>	
All persons working with the following high risk client groups or in the following high risk clinical areas are automatically considered to be <b>Category A</b> , regardless of duties.	
<b>High risk client groups</b> <ul style="list-style-type: none"> <li>- Children less than 2 years of age including neonates and premature infants</li> <li>- Pregnant women</li> <li>- Immunocompromised clients</li> </ul>	<b>High risk clinical areas</b> <ul style="list-style-type: none"> <li>- Ante-natal, peri-natal and post-natal areas including labour wards and recovery rooms</li> <li>- Neonatal Intensive Care Units and Special Care Units</li> <li>- Paediatric wards</li> <li>- Transplant and oncology wards</li> <li>- Intensive Care Units</li> <li>- Emergency Departments</li> <li>- Operating theatres, and recovery rooms treating restricted client groups</li> <li>- Ambulance and paramedic care services</li> <li>- Laboratories</li> </ul>
All health care students are Category A.	
Category B	
<b>Does not require protection against the specified infectious diseases as level of risk is no greater than that of the general community</b>	
<ul style="list-style-type: none"> <li>- Does not work with the high risk client groups or in the high risk clinical areas listed above.</li> <li>- No direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these.</li> <li>- Normal work location is not in a clinical area, eg administrative staff not working in a ward environment, food services staff in kitchens.</li> <li>- Only attends clinical areas infrequently and for short periods of time eg visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area.</li> <li>- Although such persons may come into incidental contact with patients (eg in elevators, cafeteria, etc) this would not normally constitute a greater level of risk than for the general community.</li> </ul>	