

NSW VACCINATION RECORD CARD COMPLETION GUIDE

STEP 1

- Download your complete Medicare Immunisation History Statement from MyGov/Medicare and then upload a copy to InPlace

STEP 2

- Complete and upload the NSW Health Tuberculosis (TB) Assessment Tool to InPlace

From these 2 documents, the UTAS Senior Immunisation Advisor can provide you with a list of required items to achieve NSW Health vaccination compliance. Take this list plus a [blank NSW Vaccination Record Card](#) to your GP and request the applicable tests and or vaccines.

OTHER ADVICE

All vaccinations, screening and serology reports **MUST** be documented on the NSW Vaccination Record Card.

- The hard copy NSW Health Vaccination Record Card for Health Care Workers and Students is available from the NSW PEP Team and must be completed by a doctor or a Registered Nurse Immuniser OR access [Online here](#).
- See pages 4&5 of this guide for a sample completed NSW Health Vaccination Record Card. It is recommended that you take a copy of this guide to your GP with your blank NSW Vaccination Record Card.
- A clinic/practice stamp, practitioner name and signature are all required next to each individual entry on the Vaccination Record Card. All vaccination and serology entries on the Vaccination Record Card must be legible and in English.

If your complete Medicare Immunisation History Statement does not contain all vaccines you have been given in the past, please check the following sources for possible additional vaccination or screening records that are not on your Medicare Statement: child health records/baby books, vaccination/travel clinic records, staff health records, NSW Health Local Health District vaccination records. Your GP may also hold other relevant records.

Please start the vaccination compliance process as soon as possible as it may take more than 8 or 9 months to complete the process. Once you have seen your GP and they have commenced your Vaccination Record Card please:

- Scan your Vaccination Record Card and serology/screening reports into a single PDF and upload to InPlace for verification by the NSW Senior Immunisation Advisor after each individual vaccination as required for verification during the Semester and at other times as requested. Once you have completed all vaccination/serology/screening requirements, your Vaccination Record Card should be scanned into a single PDF and uploaded to InPlace for final verification.
- If you do not upload your Vaccination Record Card to InPlace by due dates as determined by the NSW PEP team, you may not be eligible to undertake PEP as scheduled.

NB Students are responsible for all costs associated with completing their vaccination compliance.

NB Take your Vaccination Record Card with you on 1st day of PEP to all Private Health Care Agencies.

Please contact the UTAS Senior Immunisation Advisor if you have any questions/concerns whilst completing your UTAS/NSW PEP Vaccination Requirements.

Further information regarding [Vaccine Preventable Diseases](#) is available from the [College of Health and Medicine Compliance](#) Webpage

To upload your Vaccination Record Card into InPlace:

Login to InPlace: <https://inplace.utas.edu.au/>

- click 'Staff and Students'
- Your **username** is your UTas email address eg student123@utas.edu.au

Your **password** is the same for all University accounts, i.e. MyLO, eStudent and Webmail

NSW Health Vaccination Record Card for Health Care Workers and Students	
Completion Instructions for Health Care Providers	
Disease	Vaccination Record Card entry must include
Diphtheria, Tetanus and Pertussis	<p>One adult dose of dTpa vaccine given within the last 10 years documented on the NSW Vaccination Record Card including</p> <ul style="list-style-type: none"> • Date of administration AND batch number (OR notation that the vaccine was documented on the AIR) AND Health care provider signature AND health care provider practice stamp • No serology results are accepted. Do not use ADT vaccine
Hepatitis B	<ul style="list-style-type: none"> • Documented history of a completed age-appropriate course of Hep B vaccines (all Hep B vaccines must be documented on Vaccination Card including date of administration, batch number where possible AND health care provider signature and practice stamp) AND positive Hep B immunity surface antibody serology (ie ≥ 10). The result must only be recorded as a numerical value. Please note: 'positive', 'immune' or 'detected' are not accepted OR • If a student has been previously vaccinated but cannot locate their Hep B vaccination records, and they show ≥ 10 IU/ml Hep B immunity, verbal history of Hep B vaccinations can be accepted, and must be recorded on the Vaccination Record Card by health care provider along with signature and practice stamp. The NSW Health Hepatitis B Vaccination Declaration is to be completed by the student and witnessed by a GP or Authorised Nurse Immuniser and then attached to the NSW Vaccination Record Card OR • Documented evidence of positive/detected Hepatitis B Core Antibodies, indicating past Hepatitis B infection <p>If after the course of 3 Hepatitis B vaccinations the Hep B immunity serology is below 10 IU/ml, the student should contact the NSW PEP team ASAP for further advice, as further Hep B vaccinations and serology will be required.</p>
Measles, Mumps, Rubella	<ul style="list-style-type: none"> • Evidence of two MMR vaccinations, administered at least one month apart and documented on the Vaccination Record Card including date of administration, batch number where possible, health care provider signature and practice stamp OR • Serology result indicating positive IgG for Measles and Mumps and Rubella OR • Born prior to 1966 • Please note - Rubella serology result must be recorded on the Record as a numerical value ONLY. Please <i>note</i>: 'positive', 'immune' or 'detected' are not accepted) AND a copy of the rubella immunity pathology report must also be attached to the NSW Vaccination Record Card.



<p>Varicella</p>	<p>EITHER</p> <ol style="list-style-type: none"> Evidence of an age appropriate course of vaccination: <ul style="list-style-type: none"> If vaccinated at under 14 years old, evidence of one (1) Varicella vaccination. If vaccinated at 14 years or older, evidence of two (2) Varicella vaccinations, administered at least one month apart. <ul style="list-style-type: none"> All Varicella vaccinations must be documented on the Vaccination Card including date of administration, batch number where possible, health care provider signature and practice stamp OR Positive Varicella IgG serology OR Australian Immunisation Registry (AIR) History Statement that records natural immunity to chickenpox
<p>TB</p>	<p>TB Screening- Interferon Gamma Release Assay (IGRA) is required if:</p> <ul style="list-style-type: none"> you were born in a country with a high incidence of TB, or have resided or travelled for a cumulative time of 3 months or longer in countries with a high incidence of TB, as listed at: http://www.health.nsw.gov.au/Infectious/tuberculosis/Documents/country-s-incidence.pdf, <p>OR</p> <ul style="list-style-type: none"> if you have previously been assessed as TB compliant but have resided or travelled for a cumulative period of 3 months or more in country/countries with a high incidence of TB since your last TB assessment <p>OR</p> <ul style="list-style-type: none"> if you have had contact with a person who has infectious TB disease <p>OR</p> <ul style="list-style-type: none"> if you are at high risk of acquiring TB <p>NB IGRA blood test can be ordered by your GP - it must be done one month apart from the administration of any live vaccines (MMR & Varicella). IGRA results must be documented on your Record Card including date of test, and either a positive or negative or indeterminate result, health care provider signature and practice stamp</p> <p>If your IGRA serology is indeterminate, a 2nd IGRA serology test will be required with results recorded on the Vac Card</p> <p>If your IGRA serology is positive you will require a Clinical Review at a NSW Health TB Service/Chest Clinic.</p> <p>If you have a previous TST/Mantoux report, this may be an acceptable alternative to an IGRA.</p>
<p>Influenza</p>	<p>For all UTas students undertaking PEP during influenza season (1st June- 30th September each year), and all paramedicine students during other periods, the annual influenza vaccination is mandatory.</p> <p>Evidence of the annual influenza vaccination MUST be provided prior to 1st June each year using the following forms of evidence</p> <ul style="list-style-type: none"> Medicare Immunisation History Statement OR Pharmacy/Hospital/NSW Health record OR GP Immunisation Summary list

Vaccination Record Card for Category A Workers (including Students)



Personal Details (please print)

Please refer to instructions on page 3

Surname	GAZING		Given Names	Star
Address	1 Milky Way, Outer Galaxy			
	State: NSW	P/code: 0000	Date of Birth	00/00/0000
Staff/student ID	000 000			
Email	Star.Gazing@star.edu.au			
Contact Numbers	Mobile: 0000 000 000	Work: N/A		
Medicare Number	00000000000000000000	Position on card: 0	Expiry date: 00/100000	

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	1/1/2025	AZ37B0000AA	FMoon	Dr Full Moon, Milky Way General Practice Southern Cross Drive Outer Galaxy OS 0000 Provider Number: 1234567A
Booster 10 years after previous dose				
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	1/1/2024	AHBVD0000AA	FMoon	Dr Full Moon, Milky Way General Practice Southern Cross Drive Outer Galaxy OS 0000 Provider Number: 1234567A
Dose 2	1/2/2024	AHBVD0000AA	FMoon	Dr Full Moon, Milky Way General Practice Southern Cross Drive Outer Galaxy OS 0000 Provider Number: 1234567A
Dose 3	1/6/2024	AHBVD0000AA	FMoon	

AND

Serology: anti-HBs (Numerical value)	1/7/2024	Result >1000 mIU/mL	FMoon	Dr Full Moon, Milky Way General Practice Southern Cross Drive Outer Galaxy OS 0000 Provider Number: 1234567A
		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	1/1/2024	A00FC000A	FMoon	Dr Full Moon, Milky Way General Practice Southern Cross Drive Outer Galaxy OS 0000 Provider Number: 1234567A
Dose 2	1/2/2024	A00FC000A	FMoon	

OR

Serology Measles		IgG Result		
Serology Mumps		IgG Result		
Serology Rubella (include numerical value and immunity status as per lab report)				
		IgG Result		

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	1/1/2024	A70CA000A	FMoon	Dr Full Moon, Milky Way General Practice Southern Cross Drive Outer Galaxy OS 0000 Provider Number: 1234567A
Dose 2	1/2/2024	A70CA000A	FMoon	
OR				
Serology Varicella	1/12/2023	IgG Result Negative	FMoon	Dr Full Moon, Milky Way General Practice Southern Cross Drive Outer Galaxy OS 0000 Provider Number: 1234567A

Personal Details (please print)

Surname	GAZING	Given name:	Star
Date of Birth	00/00/0000	Staff/student ID	000 000
Contact	Mobile: 0000 000 000	Work:	NIA

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 <input type="checkbox"/> YES <input type="checkbox"/> 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)			
	1/5/2025	Flu Quadruple per AIR	FMoon
			Dr Full Moon, Milky Way General Practice Southern Cross Drive Outer Galaxy OS 0000 Provider Number ;1234567A

COVID-19 vaccine (Strongly recommended for all Category A workers)

	5/5/2021	Pfizer Comirnaty per AIR	FMoon	Dr Full Moon, Milky Way General Practice Southern Cross Drive Outer Galaxy OS 0000 Provider Number; 1234567A
	5/6/2021	Pfizer Comirnaty per AIR	FMoon	
	1/2/2024	Pfizer Comirnaty ABL1-2 per AIR	FMoon	

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?	25/1/2024	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FMoon	Dr Full Moon, Milky Way General Practice Southern Cross Drive Outer Galaxy OS 0000 Provider Number; 1234567A
Past vaccination BCG	25/1/2024	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FMoon	

Interferon Gamma Release Assay (IGRA) (circle test result)

IGRA	1/2/2024	Positive Indeterminate <u>Negative</u>	FMoon	Dr Full Moon, Milky Way General Practice Southern Cross Drive Outer Galaxy OS 0000 Provider Number; 1234567A
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?		<input type="checkbox"/> YES <input type="checkbox"/> NO

TB Clinical Review

Chest X-ray		
Other		

TB Compliance - TB Service/Chest Clinic or OASV Assessor (circle correct response)

TB Compliance Assessment	1/3/2024	<u>Compliant</u> Temporary Compliance Non-compliant	FMoon	Dr Full Moon, Milky Way General Practice Southern Cross Drive Outer Galaxy OS 0000 Provider Number; 1234567A
TB Compliance Assessment		Compliant Temporary Compliance Non-compliant		