

SCREENING AND VACCINATION INFORMATION SHEET

Please read the following information before completing the New Recruit Declaration/Undertaking:

AB Dental and Medical adheres to the Occupational Assessment, Screening & Vaccination against Specified *Infectious Diseases Policy* set by the National Area Health Services. This policy is about protecting our most valuable resource, our staff.

We are committed to the policy's mandate that all new and existing employees are 'protected' against specific infectious diseases. Section 1 of this policy, *Evidence Required to Demonstrate Protection against Specified Infectious Diseases* requires you to provide documentation that you are 'protected' against the following diseases:

- Diphtheria
- Tetanus
- Pertussis (whooping cough)
- Hepatitis B
- Measles
- Mumps
- Rubella
- Varicella (chickenpox)

The benefits to you of being 'protected' are you will:

- Be safe in the event of an outbreak of any of these diseases,
- Play an important role in minimising the spread of these diseases to family/friends,
- Assist in the wider control of these diseases in your local community, across the state, throughout Australia and internationally.

You may not be considered for employment, if you do not provide vaccination and/or serological evidence of immunity.

Acceptable evidence includes:

- A written record of vaccination (i.e. adult vaccination record card or general practitioner letter) signed by the medical practitioner, and/or
- Serological confirmation of protection, and/or
- Other evidence, as specified in the following table

Vaccination and serology records MUST be legible, written in English, and include official certification from vaccination/serology provider (e.g. practice stamp and signature). **Vaccination records must** include vaccine name, batch number and date administered.

If you do not have the required evidence, please take the attached advice sheet to your doctor or vaccination provider, to arrange vaccination and/or a blood test.



**AB DENTAL
& MEDICAL**
employment agency

NEW RECRUIT UNDERTAKING/DECLARATION

All new recruits must complete this undertaking/declaration at interview. **The Advice Letter on the following page can be taken to your Medical Practitioner to assist you in obtaining appropriate evidence of vaccination/serology.**

UNDERTAKING – *Please tick where applicable*

I have read and understand the information regarding the *Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy*

I undertake to participate in the vaccination/assessment process. I am not aware of personal circumstances that would prevent me completing these requirements.

OR

I undertake to participate in the assessment/vaccination process. However I am aware of and can provide documented evidence of medical contraindications that may prevent me fully completing these requirements.

I have and can provide appropriate evidence of protection against:

Pertussis

Diphtheria

Tetanus

Varicella

Measles

Mumps

Rubella

I have and can provide appropriate evidence of protection against Hepatitis B

OR

I have received and will provide evidence of at least the first dose of Hepatitis B vaccine, and undertake to complete the Hepatitis B vaccine course (three vaccines as recommended in the Australian Immunisation Handbook, current edition), and

I agree to provide a post-vaccination serology result within six months of appointment/commencement of duties.

DECLARATION

I understand I will not be permitted to commence duties without completing the attached New Recruit Declaration/Undertaking, and that failure to complete outstanding requirements within the appropriate timeframe may affect my employment with AB Dental and Medical. **I also understand that not completing all vaccinations places me at potential risk of contracting these diseases in the workplace, and the associated consequences.**

Name _____

DOB: ___ / ___ / ___

Signature _____

Date: ___ / ___ / ___



SCREENING AND VACCINATION MEDICAL PRACTITIONER ADVICE LETTER

Dear Medical Practitioner,

The patient presenting this letter is applying for a role within the dental industry. In order to be considered for employment, the candidate must provide evidence of the following:

Disease	Vaccination Evidence Required	Documented Serology Required
Hepatitis B	Course of Hep B Vaccine AND	Evidence of immunity (>10 IU/ml) or past infection
Measles, Mumps, Rubella (MMR)	2 Doses of MMR Vaccine at least one month apart OR	Evidence of immunity (Positive IgG)
Varicella (Chickenpox)	2 Doses of Varicella Vaccine at least one month apart OR	Evidence of immunity (Positive IgG)
Diphtheria, Tetanus & Pertussis (Whooping Cough) (DTP)	One dose of ADULT dTpa (Boostrix or Adacel)	Not applicable
	Please ensure Boostrix or Adacel has been administered not ADT	

This information is required in order to comply with *Evidence Required to Demonstrate Protection against Specified Infectious Diseases* (SECTION 1) of the *Occupational Assessment, Screening & Vaccination against Specified Infectious Diseases Policy* set by the National Area Health Services.

Vaccination records must include vaccine name, batch number and date administered. **Vaccination and serology records** MUST be legible, written in English, and include official certification from a vaccination/serology provider (e.g. practice stamp and signature).

Please provide this evidence to the candidate and assist them with relevant serology requests. Where the results of serology demonstrate non-immunity, evidence of the administration of booster vaccinations for the particular diseases will be required.

Regards

Pam McKean
Director AB Dental and Medical