

Vaccination Update

Please complete the following questionnaire to provide necessary information on your immune status in regard to the conditions listed below. This information will remain confidential on your file with Colbrow Healthcare and will only be used to ascertain your risk in the event of an unprotected exposure in the workplace. Please note that Queensland Health, Dept of Health NSW, Department of Human Services - Victoria and other State Health Departments policy requires that all staff with direct patient contact must be immunised against Hepatitis B in accordance with the NHMRC and State Health Infection Control Guidelines. Note- In Victoria – it is highly recommended. If you are unfamiliar with these immunisation guidelines please contact the office on 1300 550 192.

Name:			Date:	
Date of Birth:			Signature:	
CONDITION	Had condition	Vaccinated	Number of vaccination doses	Date/s given
Hepatitis A	Yes / No	Yes / No		
Hepatitis B	Yes / No	Yes / No		
Tetanus Diptheria	Yes / No	Yes / No		
Polio	Yes / No	Yes / No		
Tuberculosis (BCG)	Yes / No	Yes / No		
Japanese Encephalitis	Yes / No	Yes / No		
Measles Mumps Rubella (MMR)	Yes / No	Yes / No		
Varicella (chicken pox)	Yes / No	Yes / No		
Other vaccinations? Please list.				
Tuberculosis Screening Dates	Result		Follow-up received (in the case if abnormal result)	
	Normal	Abnormal		
Mantoux (skin test)				
Chest X-ray				

Recommendation: If you are unsure of your vaccination history please consult your General Practitioner.

****Office Use Only****

Reviewed by _____

Date reviewed _____