

Private and Confidential

As part of your credentialing application with UnitingCare it is a requirement that you provide declarations or evidence of immunisations and vaccinations. This is to ensure workplace health and safety requirements are met in order to protect both you, staff and our patients from exposure to vaccine preventable diseases and reduce the likelihood of harm from viruses like influenza and COVID-19. This information is used for the purpose of credentialing within UnitingCare only and remains private and confidential. Applicants will be responsible for any costs incurred in relation to providing acceptable evidence of vaccination / immunisation and or immune status.

Please ensure this form and all evidence is scanned and uploaded as a single PDF document while completing your online application.

Personal Details	
First name:	Last name:
Phone number:	Date of birth:

1 Covid-19	No	Yes	Evidence - REQUIRED
Have you had at least 2 doses of Covid-19 vaccine?			Upload vaccination records.
2 Measles, Mumps, Rubella (MMR)	No	Yes	Evidence - <u>if available</u>
Were you born prior to 1966?			If yes, move to question 3
Have you had at least 2 doses of MMR vaccine?			If yes, attach vaccination (or serology) records if available
			If no, vaccination required
3 Varicella (chicken pox)	No	Yes	Evidence - <u>if available</u>
Have you ever had chickenpox or shingles			If yes, move to question 4
If No - have you had at least 2 doses of varicella vaccine?			If yes, attach vaccination (or serology) records if available
			If no, vaccination required
4 Hepatitis B	No	Yes	Evidence - <u>if available</u>
Have you had at least 3 doses of Hepatitis B Vaccine?			If yes, attach vaccination (or serology) records if available
			If no, vaccination required
5 Tetanus, Diphtheria & Pertussis	No	Yes	Evidence - <u>if available</u>
Have you had an adult does of Pertussis (dPTa) vaccine in the last 10 years?			If yes, attach vaccination records if available
			If no, vaccination required
6 Influenza	No	Yes	Evidence - <u>if available</u>
Have you had flu vaccination for this year?			If yes, attach vaccination records if available
			If no, vaccination recommended

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7 Tuberculosis - answer the questions below

Question One

Were you born in, or have you lived for a cumulative time of 3 months or longer; in any country with a high prevalence of tuberculosis (as defined by WHO)? See page 42 of Global tuberculosis report 2022:

<https://apps.who.int/iris/rest/bitstreams/1475353/retrieve>

Yes

No

Question Two

Within the last five years, have you worked in a high-risk clinical area caring for patients with proven or suspected tuberculosis, e.g. bronchoscopy unit, sputum induction or respiratory unit.

Yes

No

IF YES TO EITHER QUESTION ABOVE – PLEASE COMPLETE BELOW

A. What is your BCG vaccination status?

Vaccinated

Not vaccinated

B. Have you been a household contact of a known TB case?

Yes

No

C. Have you been identified as a close contact during a TB contact tracing investigation?

Yes

No

D. Have you worked in a high TB risk area as part of your clinical duties?

Yes

No

I certify that the information in the application form is to the best of my knowledge and belief true and accurate in every detail and I have not withheld any relevant information. Copies of previous tests and vaccination records are attached where relevant.

Comments for consideration (optional)

Applicant's Signature:

Date: