

West Gippsland Healthcare Group (WGHG) Mandatory Pre-employment Questionnaire

It is a condition of your employment that the immunisation requirements (written **evidence** of either blood test results and/or immunisation records for certain vaccine preventable diseases) relevant to your role have been met **prior** to your commencement. Failure to complete and return this form and undertake outstanding immunisation/blood tests requirements may delay commencement of your employment at WGHG and may place yourself, patients and others at risk of exposure to vaccine-preventable diseases. Please see over page for healthcare worker risk categories.

Please complete all sections and return this form to Human Resources WGHG with COPIES of your evidence attached.

Name	Date of Birth	Mobile Phone	Email
Residential Address		Category (please circle): Categories listed overleaf A B C	
Department	Position	Start Date	
Will you be working with any paediatric patients or neonates?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

VACCINATION AND PATHOLOGY REQUIREMENTS. DO NOT SEND original documents as they cannot be returned. Please indicate information supplied by ticking in the corresponding box below.

All Staff (Category A, B and C) to provide the following information	Evidence provided	Office Use Only
COVID vaccination (3 doses) completed. <i>Provide certificate from Australian Immunisation Register</i>	<input type="checkbox"/>	
Evidence of most recent influenza vaccination	<input type="checkbox"/>	
If you were born overseas (at any time) or in Australia (only after 1965):		
a. Attach proof of your 2 doses of measles/mumps/rubella vaccine (MMR) <u>or</u>	<input type="checkbox"/>	
a. Results of your blood test for immunity to measles/mumps/rubella	<input type="checkbox"/>	
MMR vaccine can be provided free of charge on commencement of employment		

Category A and B Staff only to provide the additional information	Evidence provided	Office Use Only
Attach results of blood tests for immune status to hepatitis B	<input type="checkbox"/>	
Attach: Proof of completion of varicella (chickenpox) vaccination (2 doses) <u>or</u>	<input type="checkbox"/>	
Results of blood test demonstrating immunity to varicella (chickenpox)	<input type="checkbox"/>	
Attach proof of your most recent dose of pertussis (whooping cough) containing vaccine during adulthood. (Booster recommended every 10 years)	<input type="checkbox"/>	

Outstanding vaccinations can be arranged through Infection Control at wholesale cost.

Serology (blood) tests can be conducted via your General Practitioner (tests are bulk billed by laboratories)

I give permission for West Gippsland Healthcare Group to access my immunisation history from the Australian Immunisation Register (AIR). <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	
<p>Declaration: I understand that the information I am providing will be stored in a secure database maintained by Infection Control. The results may be shared with Human Resources in order to meet any legislative or business critical requirements. I also understand that it is a condition of employment with West Gippsland Healthcare Group to meet these immunisation requirements.</p> <p>Signature: Date:</p>	

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Health Care Worker Immunisation Risk Category Matrix. Please contact Infection Control on 56230625 if unsure of your Category.

Risk Category	Description
CATEGORY A: Direct contact with Blood and Body substances	This includes staff who have physical contact with, or potential exposure to, blood and body substances. This includes the following areas/staff groups: Medical Practitioners, Nurses, Midwife, Allied Health Professionals, Biomedical and Engineering staff, Central Sterile Supply Staff, Hospital Attendants and staff responsible for cleaning, decontamination and disposal of contaminated materials and waste.
CATEGORY B: Indirect Contact with Blood and Body Substances	This includes workers in patient areas who rarely have contact with blood or body substances. These employees may be exposed to infections spread by droplets, such as measles and rubella, but are unlikely to be at risk from blood borne diseases. This includes the following areas/staff groups as an example: Catering staff and Ward Clerks.
CATEGORY C: Minimal Patient Contact	This group includes office based business support staff, clerical staff, Supply Chain staff and other occupational groups have no greater exposure to infectious diseases than the general public. These employees do not need to be included in pre-employment vaccination programs aimed at protecting category A and B staff. This group is recommended to participate in the Annual Influenza vaccination program