Employee Health Information

Employee name		Employee number	10005945	Date of birth	
Previous RCH ID #		Start Date		email	
Position title		Department		RCH email	

Hepatitis B

*Have you had the Hepatitis B **vaccine**:*

3 doses ☐ Yes ☐ No
2 doses ☐ Yes ☐ No
Booster dose ☐ Yes ☐ No

Provide serology result*

Chickenpox (Varicella)

*Have you had the chickenpox **disease**?* ☐ Yes ☐ No

*If not had **disease** had the chickenpox **vaccine**? **Provide evidence of vaccine****

2 doses ☐ Yes ☐ No
1 dose ☐ Yes ☐ No
Unsure ☐ Yes ☐ No

Measles, Mumps, Rubella (MMR)

*Have you had the MMR **vaccines:***

2 doses ☐ Yes ☐ No
1 dose ☐ Yes ☐ No

*Have you had the **disease**:*

Measles ☐ Yes ☐ No
Mumps ☐ Yes ☐ No
Rubella ☐ Yes ☐ No

Provide evidence of vaccine or serology* (if born after 1966)

Diphtheria, Tetanus, Pertussis

*Have you had the childhood **DTPa** **vaccines*** ☐ Yes ☐ No ☐ Unsure
*Have you had an adult booster of **dTpa**?* ☐ Yes ☐ No ☐ Unsure
Date of last vaccine:_____/_____/_____(e.g. Boostrix or Adacel)

Provide evidence of vaccine*

Annual influenza vaccine

Date of last vaccine: _____/_____/_____

Provide copies evidence of past vaccination/blood tests

COVID-19 vaccines evidence*

Date of vaccines:

Hand Hygiene – only complete if you have direct patient contact

Do you currently have any type or degree of skin problem on your hands, wrists, or forearms? ☐ Yes ☐ No
Do you have any proven skin allergies (e.g. by patch testing) on your hands, wrists, or forearms? ☐ Yes ☐ No
Do you ever need to wear a brace, splint, or compression garment on your hands, wrists, or forearms at work? ☐ Yes ☐ No
If you answered yes to any of the above, please provide more detail on the reverse of this form.

Office use only

Date received		Date emailed		Needs	
Date entered SAP				Signature	

How to get an immunisation history statement - Services Australia
click here for the Immunisation history website.