

# DEFENCE FORCE HEALTH PROFESSIONAL CLEARANCE SUMMARY SHEET



**DEFENCE FORCE COORDINATOR to complete**

**DEFENCE FORCE HEALTH PROFESSIONAL NAME:**

**Branch of Armed Services:** \_\_\_\_\_

**Preferred Clinical Area & proposed dates of placement:** \_\_\_\_\_

**NB:**

- **Once all sections are completed please scan along with all mandatory documentation to the SLHD Clinical Placement Unit [ccpu@sswahs.nsw.gov.au](mailto:ccpu@sswahs.nsw.gov.au)**

**SLHD Staff to complete:**

<p>National Police Check* (NPC): <input type="checkbox"/></p> <p>• <b>Expiry Date:</b> _____</p> <p>The expiry date of a National Police Check is currently three years from the date of issue.</p>	<p><b>NSW Health Code of Conduct</b></p> <p><input type="checkbox"/></p>	<p><b>NSW Working with Children Check Number:</b> <input type="checkbox"/></p> <p><b>Expiry Date:</b> _____</p> <p><b>AHPRA Registration Number:</b> <input type="checkbox"/></p> <p><b>Expiry Date:</b> _____</p>
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Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Acceptable evidence of protection against specified infectious diseases includes:-**

- Documents must be written in English and legible
- Written record of vaccination **signed AND stamped** by the vaccination provider
- Each dose of vaccine should be recorded on the immunisation card and **signed/stamped with batch number** at the time of administration - Batch numbers should always be recorded or affixed to the immunisation card
- **Official certification from the vaccination provider (i.e. provider number) should be provided as well as the practice stamp**
- Serological confirmation of protection - Serology results should be obtained as part of the student’s evidence. Hepatitis B serology and Rubella results should always be recorded as a ‘numerical value’ **NOT** ‘positive’ or ‘negative’, “immune” or “detected”
- **ALWAYS Include the front and back of this summary sheet in all communications with the SLHD Clinical Placement Unit**

Disease	Type of Vaccination	Document Serology as Evidence	Evidence and Certification- grey cells		
<b>Diphtheria, Tetanus, Pertussis (whooping cough)</b>	One adult dose of diphtheria/ tetanus/ Pertussis vaccine (dTpa). <b>Not ADT or DT</b>	<b>Not applicable ; Serological testing is not acceptable for this disease</b>	Date <input checked="" type="checkbox"/> Adult dose <input checked="" type="checkbox"/> Batch number <input checked="" type="checkbox"/> Signature/clinic stamp <input checked="" type="checkbox"/>	LHD Only Circle <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
<b>Hepatitis B</b> <small>*Note health workers are advised to have a full course of Hep B (2011_005 p 9/25)</small>	History of age-appropriate course of Hepatitis B vaccination	<b>AND</b> Anti-HBs greater than or equal to 10mIU/ml – <b>serology must be recorded as a numerical value</b> <input type="checkbox"/>	<b>OR</b> Demonstrate evidence of anti- HBc <input type="checkbox"/>	Date <input checked="" type="checkbox"/> Batch number <input checked="" type="checkbox"/> Signature/clinic stamp <input checked="" type="checkbox"/> <b>3 dose / course completed</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	LHD Only Circle <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<b>Measles, Mumps, Rubella</b>	2 doses of MMR vaccine at least one month apart  <b>OR</b>	Positive IgG for measles, mumps with <b>numerical titer level</b> for rubella Yes <input type="checkbox"/>	Date <input checked="" type="checkbox"/> 2 doses <input checked="" type="checkbox"/> Batch number <input checked="" type="checkbox"/> Signature/clinic stamp <input checked="" type="checkbox"/>	LHD Only Circle <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
<b>Varicella</b>	2 doses of Varicella vaccine at least one month apart	<b>OR</b> Positive IgG for Varicella <b>OR</b> History of Chicken Pox	Date <input checked="" type="checkbox"/> 2 doses <input checked="" type="checkbox"/> Batch number <input checked="" type="checkbox"/> Signature/clinic stamp <input checked="" type="checkbox"/>	LHD Only Circle <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
<b>Tuberculosis (TB) TST screening</b> <b>A TST is required if the person was born or has resided for a cumulative period of 3-months over 3-years or longer in a country identified by the WHO as having a high incidence of Tuberculosis</b>	Form 2 - Tuberculosis (TB) Assessment Tool <input checked="" type="checkbox"/> Form 3 - Undertaking / Declaration <input checked="" type="checkbox"/>		LHD Only Circle <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
<b>LHD Circle as appropriate</b> Chest X-ray <input checked="" type="checkbox"/> Clear Recommended <input checked="" type="checkbox"/> Not recommended <input checked="" type="checkbox"/>					
<b>Not compulsory requirement</b> Evidence may include – BCG Vaccination Yes <input checked="" type="checkbox"/> Only circle if relevant					
<b>LHD Circle as appropriate</b> Tuberculin skin test (TST) Mantoux Yes <input checked="" type="checkbox"/> Result _____ No <input checked="" type="checkbox"/> Not required <input checked="" type="checkbox"/> as other evidence available. <b>“QANTIFERON GOLD TEST” IS NOT ACCEPTED DUE TO ITS UNRELIABILITY</b>					

**SLHD Staff Health Nurse Declaration:**

Non-Compliant:  Reason: \_\_\_\_\_

Temporary Hep. B/TB/Contraindication:  Reason: \_\_\_\_\_

Compliant:

SLHD Staff Health Nurse: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_