

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 slhd-cpu@health.nsw.gov.au**

SLHD Staff to complete:

<p>National Police Check* (NPC): <input type="checkbox"/></p> <p>• Expiry Date: _____</p> <p>The expiry date of a National Police Check is currently three years from the date of issue.</p>	<p>NSW Health Code of Conduct</p> <p><input type="checkbox"/></p>	<p>NSW Working with Children Check Number: <input type="checkbox"/></p> <p>Expiry Date: _____</p> <p>AHPRA Registration Number: <input type="checkbox"/></p> <p>Expiry Date: _____</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 dated, signed **AND** stamped by the accredited immunisation provider to prevent fraudulent entries
- Each dose of vaccine should be recorded on the immunisation card with batch number at the time of administration - Batch numbers for dTpa are required, to determine if the correct vaccination has been administered
- 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". Only rubella serology results are required to be presented due to the various companies that perform this test
- **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	
Diphtheria, Tetanus, Pertussis (whooping cough)	One adult dose of diphtheria/ tetanus/ Pertussis vaccine (dTpa). Not ADT or DT	Not applicable. Serological testing is not acceptable for this disease.	Date <input checked="" type="checkbox"/> Adult dose <input checked="" type="checkbox"/> Batch number REQUIRED <input checked="" type="checkbox"/> Signature/clinic stamp <input checked="" type="checkbox"/>	LHD Review <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Hepatitis B	History of age-appropriate course of Hepatitis B vaccination MUST be recorded on the vaccination card.	AND Serology greater than or equal to 10mIU/ml – <u>serology must be recorded as a numerical value</u> <input type="checkbox"/>	Date <input checked="" type="checkbox"/> Batch number <u>if available</u> <input checked="" type="checkbox"/> Signature/clinic stamp <input checked="" type="checkbox"/>	LHD Review <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
			3 dose / course completed	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Measles, Mumps, Rubella	History of 2 doses of MMR vaccine at least one month apart MUST be recorded - this will determine the number of boosters needed (if any are required)	OR Positive IgG for measles, mumps and rubella with <u>numerical value recorded for rubella.</u> Serology report for rubella must be submitted. Yes <input type="checkbox"/>	Date <input checked="" type="checkbox"/> 2 doses <input checked="" type="checkbox"/> Batch number <u>if available</u> <input checked="" type="checkbox"/> Signature/clinic stamp <input checked="" type="checkbox"/>	LHD Review <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Varicella	2 doses of Varicella vaccine at least one month apart – 1 prior to age 14 OR 2 after 14 Yrs	OR Positive IgG for Varicella	Date <input checked="" type="checkbox"/> 2 doses <input checked="" type="checkbox"/> Batch number if available <input checked="" type="checkbox"/> Signature/clinic stamp <input checked="" type="checkbox"/>	LHD Review <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Tuberculosis (TB) TST screening	Attachment 7 - Tuberculosis (TB) Assessment Tool <input checked="" type="checkbox"/> Attachment 6 - Student Undertaking / Declaration <input checked="" type="checkbox"/>		Attachment 9 – Hep B declaration <input checked="" type="checkbox"/> (ONLY if Required)	
	LHD Circle as appropriate Chest X-ray <input checked="" type="checkbox"/> Clear Recommended <input checked="" type="checkbox"/> Not recommended <input checked="" type="checkbox"/>			
	Has a BCG been administered? Record YES or NO BCG Vaccination: Yes <input checked="" type="checkbox"/> OR No <input checked="" type="checkbox"/> Sign and Stamp Vaccination card if YES or NO			
	LHD Circle as appropriate Tuberculin skin test (TST) Mantoux Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/>			
	Quantiferon Gold Test Result Positive <input checked="" type="checkbox"/> Negative <input checked="" type="checkbox"/>			

SLHD Staff Health Nurse Declaration:

dTpa – Date of last dTpa Vaccination _____ **MMR** - Compliant Non-Compliant

Hepatitis B – Compliant - Temporary HepB/Contraindication - Non-Compliant **Varicella** - Compliant Non-Compliant

Tuberculosis Status - Compliant Non-Compliant **Influenza Vaccination** (not Mandatory) Yes No Date: _____

Note: ONLY return follow up information/evidence to slhd-cpu@health.nsw.gov.au along with the front and back of this document. Failure to provide this information within the required timeframe may result in the cancellation of your clinical placement.

SLHD Staff Health Nurse: _____ Signature: _____ Date: _____