Staff immunisation record

Employers must keep an up-to-date record of the immunisation status of their employees and could do so using [staff immunisation record template](#template) below.

These records can assist in identifying nonimmune staff.

This template if drawn from the Royal Australian College of General Practitioners *Infection prevention and control guidelines for general practices and other office-based and community-based practices* (IPC Guidelines). Refer to [Section 6 – Staff screening, immunisation, and infection management](https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/6-staff-screening-immunisation-and-infection-manag/overview) of the IPC Guidelinesfor more information.

**Disclaimer**

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. It is no substitute for individual inquiry. Compliance with any recommendations does not guarantee discharge of the duty of care owed to patients.

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

Insert practice name here.

Staff immunisation record

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vaccinations required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Vaccine | Up to date? | Pre-vaccination antibody status | Status | Post-vaccination antibody status  (if relevant) |
| COVID-19 | Yes  / No  Date last checked: Date |  | Number of doses received: #  Date of last dose received: Date |  |
| Hepatitis A | Yes  / No  Date last checked: Date |  | Number of doses received: #  Date of last dose received: Date |  |
| Hepatitis B | Yes  / No  Date last checked: Date |  | Number of doses received: #  Date of last dose received: Date |  |
| Influenza | Yes  / No  (within last 12 months) |  | Date of last dose received: Date |  |
| Measles-mumps-rubella | Yes  / No  Date last checked: Date |  | Number of doses received: #  Date of last dose received: Date |  |
| Diphtheria-tetanus-acellular pertussis | Yes  / No  (within last 10 years)  Date last checked: Date |  | Date of last dose received: Date |  |
| Varicella | Yes  / No  Date last checked: Date |  | Number of doses received: #  Date of last dose received: Date |  |
| Polio | Yes  / No  (within last 10 years)  Date last checked: Date |  | Date of last dose received: Date |  |
| Risk of infection and benefits of vaccination explained: Yes  / No  Date: Click or tap to enter a date.  Consent for vaccination obtained from staff member: Yes  / No  Further counselling and/ or education provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of person providing advice Signature of staff member acknowledging   vaccination advice offered | | | | |