

# COLIN STREET DAY SURVERY

## VISITING MEDICAL OFFICER'S IMMUNISATION AND HEALTH SCREENING FORM

**Dear VMO**

All Visiting Medical Officers who may perform Exposure Prone Procedures (EPPs) which are those procedures during which blood borne viruses are significantly more likely to be transmitted from HCW infected with a blood borne virus to a patient, must be aware of their blood borne virus status and should seek routine testing if they believe they are at risk of occupational and other exposures.

<b>PLEASE PRINT CLEARLY</b>				
Given Names:				
Surname:				
Date of Birth:		Sex	M	F
Country of Birth:				
Address:				
Contact Number:				
Position:				
Previous Place of Employment:				
<b>DECLARATION</b>				
I declare that the information I have provided is accurate and I have not withheld any relevant information.				
Applicant's Signature:				
Date:				

<b>PLEASE READ CAREFULLY AND COMPLETE ALL SECTIONS</b>		
If you suffer from any infectious disease, you must discuss this with the CEO/DON.		
<b>MRSA</b>		
Have you worked, or been a patient in a hospital outside of WA in the past 12 months?	Y	N
Have you worked in a residential care facility in the past 12 months?	Y	N
Have you been screened for MRSA in Western Australia within the last 12 months?	Y	N
<b>TUBERCULOSIS (TB)</b>		
Have you had TB?	Y	N
If Yes - Date		
Have you had a Mantoux/Quantiferon test?	Y	N
If Yes - Date		
Result		
Have you had a BCG vaccination?	Y	N
If Yes - Date		
Result		

Have you had a chest X-ray for TB?	Y	N
If Yes - Date		
Result		

<b>HAVE YOU HAD THE FOLLOWING VACCINATIONS? PLEASE COMPLETE IN FULL.</b>		
<b>HEPATITIS B</b>		
Have you had a complete age-related course of Hepatitis B vaccine?	Y	N
Have you had a blood test to confirm immunity?	Y	N
<b>VARICELLA (VZV) (CHICKENPOX)</b>		
Have you ever had chickenpox or shingles?	Y	N
If No - have you had at least two (2) doses of Varicella vaccine?	Y	N
If Yes - have you had a blood test to confirm immunity?	Y	N
Result		
<b>MEASLES (MMR)</b>		
Have you had at least two (2) doses of Measles (MMR) vaccine?	Y	N
If Yes - have you had a blood test to confirm immunity?	Y	N
Have you had Mumps?	Y	N
Have you had Measles?	Y	N
Have you had Rubella (German Measles)?	Y	N
Have you had a blood test to confirm immunity to Rubella?	Y	N
Result		
<b>PERTUSSIS (WHOOPING COUGH)</b>		
Have you had at least one (1) dose of Pertussis (dTPa) vaccine?	Y	N
Date of Vaccine		
<b>INFLUENZA VACCINATION</b>		
Have you had a seasonal flu vaccine for this year?	Y	N
Date of Vaccine		
<b>DO YOU SUFFER FROM OR HAVE A HISTORY OF</b>		
Dermatitis, Eczema, Psoriasis	Y	N
Allergies (including latex)	Y	N
If Yes - please provide further details		

<b>DECLARATION</b>	
I declare that the information I have provided is accurate and correct and I have not withheld any relevant information.	
Applicant's Signature:	
Date:	