

## VISITING/SHORT-TERM STAFF IMMUNITY DECLARATION

I, \_\_\_\_\_ (full name),

hereby declare that:

I have immunity and/or am fully vaccinated to the following vaccine preventable diseases:

- Hepatitis B (please circle if relevant: **Non-Responder** and add comments below)
- Measles
- Mumps
- Rubella
- Varicella
- Pertussis (Booster Vaccine require every 10 years)
- Influenza (Vaccine required every year)
- COVID-19 vaccinations please circle: **1 dose - 2 doses - 3 doses - winter booster**,  
and provide **Date of last vaccine:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I have previously been screened for Tuberculosis (Q-Gold Serology) and have absence of all of the following symptoms:

- Cough longer than 2 weeks.
- Haemoptysis
- Fevers, Chills
- Night sweats
- Anorexia
- Unexplained weight loss

Comments: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: \_\_\_\_\_

**My records are held and can be accessed by MBPH when required through:**

Name of Employer / Primary Health Services / Agency / Education Provider:

\_\_\_\_\_

Contact person/Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_