



# Ambulance Victoria

## Pre-Placement Medical - Vaccination / Immunity Record



*injuryNET*

**Personal details:**

Surname: ..... First name: .....

Mobile Number: ..... Date of Birth: .....

Email Address: .....

InjuryNET Ref Number (if known): .....

Candidates are advised to forward this information to the email address below at least 3 business days prior to their appointment. InjuryNET will confirm whether requirements have been met and if not, provide further advice. Your application can not progress if the information is inadequate. Candidates are advised to begin preparing the evidence at least one month prior to their pre-employment examination.

Please complete the table below, indicating your responses by ticking the relevant boxes and providing the information indicated. Please label your evidence using the numbering system below and ensure that your name is clearly noted on each page. Statutory declarations are not acceptable.

Pathogen	Status	Requirement	Office Use
<b>Section A – Mandatory Requirements</b>			
1. Hepatitis B	At least 3 vaccinations <b>AND</b> Immunity confirmed by serology	Attach documented evidence of at least 3 vaccinations <b>AND</b> Attach copy of results of immune status (blood test)	
2. Varicella (chicken pox)	Completed course <b>OR</b> Confirmed immunity	<input type="checkbox"/> Attach documented evidence of 2 doses of Varicella vaccine <b>OR</b> <input type="checkbox"/> Attach results of blood test demonstrating immunity to Varicella	
3. Pertussis	Booster within 10 years	Attach documented evidence of your most recent booster of Pertussis containing vaccine during adulthood (max. 10 years)	
4. Measles / Mumps / Rubella	Completed course <b>OR</b> Confirmed immunity	Were you born in Australia before 1966? <input type="checkbox"/> YES (no evidence required) / <input type="checkbox"/> NO If NO, <input type="checkbox"/> Attach documented evidence of 2 doses of Measles/Mumps/Rubella vaccination <b>OR</b> <input type="checkbox"/> Attach results of blood test demonstrating immunity to Measles, Mumps and Rubella (all 3)	
<b>Section B - Recommended</b>			
5. Tetanus	Last booster	Attach proof of most recent booster	
6. Meningococcal	Completed course	Attach proof of completion of Meningococcal vaccine course	
7. Hepatitis A	Completed course	Attach proof of completion of Hepatitis A vaccine course	
8. Influenza	Current vaccine	<input type="checkbox"/> I confirm I have had the most recent year's vaccine	

**Privacy Notice:** InjuryNET needs to collect personal, health and sensitive information (**Information**) as part of undertaking a pre-employment medical assessment for, and on behalf of, Ambulance Victoria in accordance with the Workplace Injury Rehabilitation and Compensation Act 2013, Occupational Health and Safety Act 2004 and Equal Opportunity Act 2010. All of your information collected by InjuryNET will be managed in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Record Act 2001 (Vic) (**the Privacy Laws**).

InjuryNET may be required to disclose your information, as applicable, to:

- An independent medical examiner
- Ambulance Victoria human resources divisions and relevant line manager for the position or placement that you are applying for the purposes of the position
- An insurer in circumstances where an individual submit a workers' compensation claim.

Your information will be disclosed to relevant employees and advisers confidentially and only on a "need to know" basis.

InjuryNET's Privacy Statement is available at [www.injurynet.com.au/privacy](http://www.injurynet.com.au/privacy). The Privacy Statement provides details about how you can access, update and correct your information and, if you are concerned about how this information has been handled, how you can lodge a privacy complaint including how this will be dealt with.

Signature: ..... Date: .....

Print Full Name: .....

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**Contact and important information:**

Forward copies of all evidence to [ppm@injurynet.com.au](mailto:ppm@injurynet.com.au) at least 3 business days prior your examination and include a completed and signed copy of this form. If you have any queries re: your documents or require assistance with arranging serology blood tests, please contact InjuryNET on [ppm@injurynet.com.au](mailto:ppm@injurynet.com.au).