

une
University of
New England



Student Nursing

Jerry
VENANCIO
220252099

UNE 03/24

This card is to be carried at all times whilst attending the University of New England Campus. This card must be produced to authorised persons on request. Report loss or stolen cards immediately to Safety and Security. If found please return to the Safety and Security Office.

University of New England Safety and Security Ph 6773 2099



Appendix 9: Hepatitis B Vaccination Declaration

To be used where a hepatitis B vaccination record is not available

Section A: to be completed by the Declarant

I, JERRY C. VENANCIO, declare that
[print name of declarant]

I have received an age-appropriate course of hepatitis B vaccine consisting of 3
(insert number) vaccine doses.

The approximate year I was vaccinated against hepatitis B was 08/2007, 09/2007, 03/2008

I do not have the record of vaccination because: THE RECORDS ARE IN THE PHILIPPINES

I make this declaration believing it to be true

Declared on: UNE MEDICAL CENTRE *[date]* 05/11/2021
[signature of declarant]

Section B: to be completed by the Assessor

An Assessor includes: a doctor, paramedic, registered nurse or enrolled nurse, who has training on the policy directive, interpretation of immunological test results and vaccination schedules.

Applying my clinical judgment, I am satisfied that the declarant's hepatitis B vaccination history and serology demonstrate compliance and long term protection.

Assessor name: Dr. Dipanwita Bhowmik

Assessor qualification: FRACP, DCH, MBBS

Assessor signature: 

Date: 05/11/2021

DR DIPANITA BHOWMIK
UNE MEDICAL CENTRE
110 BUTLER STREET
ARMIDALE 2350
PH (02) 6773 2916
PROV. NO. 4520239L



Digital National Police Certificate

NSWPF-2021-812416

Application No. 5284600990

JERRY CASILLA VENANCIO

DOB: 22/11/1988

Page 1 of 1

JERRY CASILLA VENANCIO
Wright Village Unit 7 79 Claude Street
Armidale NSW 2350

Student Placements - Name and Date of Birth Check

This document certifies that

NAME

VENANCIO JERRY CASILLA

DATE OF BIRTH

22/11/1988

At the date of issue there are "no disclosable court outcomes" or outstanding matters, within the records of police services in Australia.

END OF RECORD

Manager
Criminal Records
NSW Police Force
Issued:01/11/2021

Explanatory Notes

1. This certificate is based upon a check of police information and reference systems using the name and date of birth of the person referred to above. Given that fingerprints are not taken by police services in Australia in all instances, it is possible that the police information and reference systems may contain information recorded against this person under another name or alias.
2. This certificate is issued subject to the various applicable laws, which prohibit the disclosure of spent convictions, except in certain circumstances. Accordingly, the court outcomes disclosed above does not necessarily imply that it is a complete list of convictions or charges in respect of that person.
3. Given that there is unavoidable time lapse between the recording of conviction by courts and the updating of police systems this certificate can only reflect the completeness and accuracy of these systems (Subject to the proviso in Paragraph 2), at the date of issue.
4. Applicant should be given an opportunity to verify the contents of this certificate.
5. For further information regarding this certificate, contact the NSW Police Force, Criminal Records on 02 8835 7888 or TTY 9211 3776 or www.police.nsw.gov.au

To verify this document go to <https://portal.police.nsw.gov.au/s/policheck-nswpolicheckverify>





Immunisation history statement

As at: 25 October 2021
For: JERRY VENANCIO
Date of birth: 22 November 1988
Individual Healthcare Identifier (IHI): 8003 6067 9971 2611

COVID-19 immunisation status: ✓

This individual has received all required COVID-19 vaccinations.

Date given	Immunisation	Brand name given
29 Apr 2020	Influenza	FluQuadri
24 Apr 2021	Influenza	FluQuadri
03 Jun 2021	COVID-19	Pfizer Comirnaty
24 Jun 2021	COVID-19	Pfizer Comirnaty

Next NIP Immunisation/s due	Date due
No vaccines due.	

Notice/s

Disclaimer

The Australian Immunisation Register is a national register that records vaccinations given to people of all ages in Australia. Vaccinations given before 1 January 1996 are not displayed on the statement.

NIP immunisations refer to immunisations required under the National Immunisation Program schedule only, not including COVID-19 vaccinations. A separate COVID-19 immunisation status will appear on this statement when you have received all required COVID-19 vaccinations.

Every effort is made to ensure that the information contained on the Australian Immunisation Register is correct. The data is based on information provided by vaccination providers and the accuracy of data is dependent on the quality and timeliness of information provided.

If any of the vaccination details shown on the statement are not correct, please ask your vaccination provider to provide the correct details. They can call us on 1800 653 809 (call charges may apply).

If you have any questions about this statement, please call the Australian Immunisation Register on 1800 653 809 (call charges may apply).

Vaccination Record Card for Health Care Workers and Students



Personal Details (please print)

Please refer to instructions on page three

Surname	VENANCIO	Given names	JERRY
Address	79 CLAUDE STREET ARMIDALE		
State: NSW P/code: 2350	Date of Birth 22/11/1988		
Staff/student ID	220252099		
Email	Kinumparmi@gmail.com		
Contact numbers	Mobile: 0909220662	Work:	N/A
Medicare Number	N/A	Position on card:	N/A Expiry date: N/A / N/A

Vaccine	Date	Batch No. (where possible) or Brand name	Official Certification by Vaccination Provider (clinic/practice stamp, full name and signature next to each entry)
Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine (adult dose of dTpa vaccine)			
Dose 1	✓	05784ac/acecl	19/10/21.
Booster 10 years after previous dose			Dr Melina Callianotis Provider No: 228602QF Australia Fair Medical Centre Shop B002, 40 Marine Parade, Southport QLD 4215 PO Box 3493, Southport QLD 4215 Ph: (07) 5502 3400 Fax: (07) 5591 6616
Booster 10 years after previous dose			
Hepatitis B vaccine (age appropriate course of vaccinations AND hepatitis B surface antibody > 10mIU/mL OR core antibody positive)			
Dose 1		170mIU/mL	19/10/21.
Dose 2	<input type="checkbox"/> Tick for adolescent course	serology	
Dose 3			Dr Melina Callianotis Provider No: 228602QF Australia Fair Medical Centre Shop B002, 40 Marine Parade, Southport QLD 4215 PO Box 3493, Southport QLD 4215 Ph: (07) 5502 3400 Fax: (07) 5591 6616
AND			
Serology: anti-HBs (Numerical value)		Result mIU/mL	
		Result mIU/mL	
OR Serology: anti-HBc		Positive Negative	pending ordered 22/10/21.
Measles, Mumps and Rubella (MMR) vaccine (2 doses MMR vaccine at least 1 month apart OR positive serology for measles, mumps and rubella OR birth date before 1966)			
Dose 1			Dr Melina Callianotis Provider No: 228602QF Australia Fair Medical Centre Shop B002, 40 Marine Parade, Southport QLD 4215 PO Box 3493, Southport QLD 4215 Ph: (07) 5502 3400 Fax: (07) 5591 6616
Dose 2			
Booster if required			
OR			
Serology Measles		IgG Result	POS
Serology Mumps		IgG Result	POS - 7/19/10/21
Serology Rubella (include numerical value and immunity status as per lab report: Positive / Negative / Low level / Equivocal / Booster required)		IgG Result	
Varicella vaccine (age appropriate course of vaccination OR positive serology OR AIR history statement that records natural immunity to chickenpox)			
Dose 1	<input type="checkbox"/> Tick if given prior to 14 years		Dr Melina Callianotis Provider No: 228602QF Australia Fair Medical Centre Shop B002, 40 Marine Parade, Southport QLD 4215 PO Box 3493, Southport QLD 4215 Ph: (07) 5502 3400 Fax: (07) 5591 6616
Dose 2			
Booster if required			
OR			
Serology Varicella		IgG Result	POS - 19/10/21
OR			
Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox		AIR Statement Sighted	YES NO

**STATUTORY DECLARATION
OATHS ACT 1900, NSW, EIGHTH SCHEDULE**

For overseas applicants or students – applicants for aged care work must use the Commonwealth Aged Care Statutory Declaration

I, JERRY C. VENANCIO, 79 CLAUDE ST. WRIGHT VILLAGE, ARMIDALE 2350, STUDENT
 [name, address and occupation of declarant]

do solemnly and sincerely declare that I do not have have (listed below) any criminal convictions/pending charges in my country of origin or any country, outside of Australia, which I have resided in for a period exceeding six months when aged 18 years or over.

Date of charge/conviction	Details of pending charge or conviction	Country	Penalty / Sentence
NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1900.

Declared at: Australia Fair Medical Centre on 22 October 2021

[place]

[date]

Dr Melina Gallantotti
 Provider No: 2286020F
 Australia Fair Medical Centre

[signature of declarant]

in the presence of an authorised witness, who states:

I, Dr. M. Gallantotti, a

General Practitioner, MBBS, FRACGP.

[name of authorised witness]

[qualification of authorised witness]

certify the following matters concerning the making of this statutory declaration by the person who made it:

- ~~*I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and~~
- ~~*I have known the person for at least 12 months OR *I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was~~ passport (Philippines) P1632972B

[describe identification document relied on]

[signature of authorised witness]

[signature of authorised witness]

22/10/21

[date]

* Cross out any text that does not apply

NOTE 1.-A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 5 years – see section 25 of the Oaths Act 1900 (NSW).

NOTE 2.-A statutory declaration under the Oaths Act 1900 (NSW) may be made only before a Justice of the Peace; a Legal Practitioner; a Judicial Officer; or a person authorised to witness a declaration in the jurisdiction in which it is sworn.

NOTE 3 - Identification document means either a primary identification document within the meaning of the Real Property Regulation 2008, or a Medicare card, pensioner concession card, Department of Veterans' Affairs entitlement card or other entitlement card issued by the Commonwealth or a State Government, a credit card or account (or a passbook or statement of account) from a bank, building society or credit union, an electoral enrolment card or other evidence of enrolment as an elector, or a student identity card, or a certificate or statement of enrolment, from an educational institution.

Vaccination Record Card for Health Care Workers and Students

INSTRUCTIONS

Enough information must be provided to enable an assessor to verify that an appropriate vaccine has been administered by a registered vaccination provider. Therefore:

- Providers should record their full name, signature, date specific vaccine given and official provider stamp at the time of vaccine administration.
- Batch numbers should be recorded where possible.
- Serological results should be recorded on the card as numerical values or positive/negative, as appropriate, not simply "immune".
- Copies of vaccination records (e.g. childhood vaccinations) and copies of relevant pathology reports may be attached to the card, if available.
- Attach another card if additional recording space is required.

Evidence required for Category A Staff

Disease	Evidence of vaccination	Documented serology results	Notes
Diphtheria, tetanus, pertussis (whooping cough)	<input checked="" type="checkbox"/> One <u>adult</u> dose of pertussis-containing vaccine (dTpa) ¹ in the previous 10 years Do not use ADT vaccine as it does not contain the pertussis component	Serology must not be accepted	
Hepatitis B	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine Adolescent course: two doses of adult vaccine, given 4 to 6 months apart, between 11-15 years of age Not "accelerated" course	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL Serology must be at least 4 weeks after the final booster, of a completed hepatitis B course	<input checked="" type="checkbox"/> Documented evidence of anti-HBc, indicating past hepatitis B infection
Measles, mumps, rubella (MMR)	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart	<input checked="" type="checkbox"/> Positive IgG for measles, mumps and rubella ²	<input type="checkbox"/> Birth date before 1966
Varicella (chickenpox)	<input type="checkbox"/> 2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age)	<input checked="" type="checkbox"/> Positive IgG for varicella ³	<input type="checkbox"/> An Australian Immunisation Register (AIR) history statement that records natural immunity to chickenpox can also be accepted as evidence of compliance for varicella ³
Tuberculosis (TB) * For those assessed as requiring screening	Not applicable	<input checked="" type="checkbox"/> Interferon Gamma Release Assay (IGRA) + Clinical review for positive results by TB Service/Chest Clinic	<input type="checkbox"/> Tuberculin skin test (TST) + Clinical review for positive results by TB Service/Chest Clinic
<i>Influenza vaccine</i>	<i>Strongly recommended for all health care workers & mandatory for Category A High Risk health care workers</i>		

*TB screening (TST or IGRA) required if the person was born in a country with high incidence of TB, or has resided or travelled for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx

¹ Serology must not be performed to detect pertussis immunity.

² Serology is only required for MMR protection if vaccination records are not available and the person was born during or after 1966.

³ A verbal history of Varicella disease must not be accepted.



Republic of the Philippines
Province of Benguet
Municipality of Itogon
Municipal Health Services Office



CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that **MR. JERRY C. VENANCIO**, 32 yrs. old, born on November 22, 1988 presently residing at Slide, Tuding, Itogon, Benguet had received the following immunization at Tuding Barangay Health Station.

Vaccine	Dose
Bacillus Calmette Guerin Vaccine	1 dose
Diphtheria Pertusis Tetanus Vaccine	3 dose
Oral Polio Vaccine	3 dose
Anti-Measles Vaccine	1 dose

This certification is issued upon the request of subject individual for any legal intent.

Issued this 21st day of June 2021, at the Municipality of Itogon, Province of Benguet, Philippines, 2604.

Respectfully,


MARIE JORELYN P. BAHINGAWAN, MD
Rural Health Physician

Not Valid Without Seal

IMMUNISATION SUMMARY

As at 22/10/2021.

Patient Details:

Patient Name: Mr Jerry Casilla Venancio
Address: 2/6 White St
SOUTHPORT QLD 4215
Phone - Home:
Phone - Work:
D.O.B.: 22/11/1988
Record Number: 07612
Medicare Number: / 0
DVA Number:

Allergies/Adverse Reactions: **No known allergies/adverse reactions.**

Immunisations:

Date	Vaccination	Dose No.	Batch No.	Comment
19 October 2021	ADACEL		C5784ac	exp 09/22



Dr Melina Callianiotis
Provider No: 2286020F
Australia Fair Medical Centre
Shop B002, 40 Marine Parade, Southport QLD 4215
PO Box 3493, Southport QLD 4215
Ph: (07) 5502 5400 Fax: (07) 5561 6618

Patient Name: VENANCIO, JERRY
Patient Address: U 2 6 WHITE ST, SOUTHPORT 4215
D.O.B: 22/11/1988
Medicare No.:
Lab. Reference: 21-27066861-HPP-0
Addressee: DR MELINA CALLIANIOTIS

Gender: M
III No.:
Provider: QML Pathology
Referred by: CALLIANIOTIS, DR. MELINA

Date Requested: 19/10/2021
Date Collected: 19/10/2021

Date Performed: 19/10/2021
Complete: Final

Specimen:
Subject(Test Name): HEPATITIS A B C MASTER
Clinical Information:

HEPATITIS SEROLOGY

Hepatitis B surface antibody (HBsAb) : 170 mIU/mL

IMMUNE to Hepatitis B

Booster doses of HepB vax are not required if seroconversion is documented after vaccination of immunocompetent patients. Booster doses may be required in dialysis patients, HIV positive patients or immunosuppressed patients.

Please note under some circumstances a person with an antibody level of <30 mIU/mL who has had a distinct Hepatitis B exposure may need consideration for additional vaccine.

Tests Completed: HBSAB

Tests Pending : VZV IGG, RUBELLA IGG, MUMPS IGG, MEASLES IGG, QUANTIFERON TB


Dr Melina Callianiotis
Provider No: 2286020F
Australia Fair Medical Centre
Shop B002, 40 Marine Parade, Southport QLD 4215
PO Box 3493, Southport QLD 4215
Ph: (07) 5532 3486 Fax: (07) 5591 6616

Patient Name: VENANCIO, JERRY
Patient Address: U 2 6 WHITE ST, SOUTHPORT 4215
D.O.B: 22/11/1988
Medicare No.:
Lab. Reference: 21-27066861-QTB-0
Addressee: DR MELINA CALLIANIOTIS

Gender: M
III No.:
Provider: QML Pathology
Referred by: CALLIANIOTIS, DR. MELINA

Date Requested: 19/10/2021
Date Collected: 19/10/2021
Specimen:

Date Performed: 19/10/2021
Complete: Final

Subject(Test Name): QUANTIFERON TB ASSAY
Clinical Information:

GAMMA-INTERFERON ASSAY FOR CMI RESPONSE TO M.TUBERCULOSIS ANTIGEN

Assay: Quantiferon-TB Gold Plus

Specimen Type: Blood


Antigen	Corrected qIFN IU/mL	Result	Ref Range
TB1 (CD4+ Response)	0.085	Negative	(< 0.35)
TB2 (CD4+ & CD8+ Response)	0.035	Negative	(< 0.35)
Mitogen (CMI response control)	4.282	Acceptable	(> 0.50)

Quantiferon-TB Gold Plus Overall Result: Negative

Comment:

Latent Mycobacterium tuberculosis infection unlikely. A negative result may not exclude active tuberculosis. If active infection is suspected, chest X-ray and mycobacterial culture of appropriate specimens should be undertaken.

Tests Completed:HBSAB, VZV IGG, RUBELLA IGG, MUMPS IGG, MEASLES IGG, QUANTIFERON TB
Tests Pending :


Dr Melina Callianiotis
Provider No: 2286020F
Australia Fair Medical Centre
Shop B002, 40 Marine Parade, Southport QLD 4215
PO Box 3493, Southport QLD 4215
Ph: (07) 5552 3400 Fax: (07) 5591 0618

Patient Name: VENANCIO, JERRY
Patient Address: U 2 6 WHITE ST, SOUTHPORT 4215
D.O.B: 22/11/1988
Medicare No.:
Lab. Reference: 21-27066861-VZS-0
Addressee: DR MELINA CALLIANIOTIS

Gender: M
IHI No.:
Provider: QML Pathology
Referred by: CALLIANIOTIS, DR. MELINA

Date Requested: 19/10/2021
Date Collected: 19/10/2021
Specimen:
Subject(Test Name): VARICELLA ZOSTER SEROLOGY
Clinical Information:

Date Performed: 19/10/2021
Complete: Final

MICROBIAL SEROLOGY

Varicella zoster IgG (EIA): POSITIVE

Evidence of past exposure.
In most cases, this represents immunity.

Tests Completed: HBSAB, VZV IGG, MUMPS IGG, MEASLES IGG
Tests Pending : RUBELLA IGG, QUANTIFERON TB


Dr Melina Callianiotis
Provider No: 228602QF
Australia Fair Medical Centre
Shop B002, 40 Marine Parade, Southport QLD 4215
PO Box 3493, Southport QLD 4215
Ph: (07) 5552 3466 Fax: (07) 5551 6616

Patient Name: VENANCIO, JERRY
Patient Address: U 2 6 WHITE ST, SOUTHPORT 4215
D.O.B: 22/11/1988
Medicare No.:
Lab. Reference: 21-27066861-RUS-0
Addressee: DR MELINA CALLIANIOTIS

Gender: M
IHI No.:
Provider: QML Pathology
Referred by: CALLIANIOTIS, DR. MELINA

Date Requested: 19/10/2021
Date Collected: 19/10/2021
Specimen:

Date Performed: 19/10/2021
Complete: Final

Subject(Test Name): RUBELLA VIRUS MASTER
Clinical Information:

MICROBIAL SEROLOGY

Rubella IgG (EIA): POSITIVE

Negative Rubella IgG range : < 10 IU/mL
Low Positive Rubella IgG range : 10 to 29 IU/mL
Positive Rubella IgG range : >= 30 IU/mL

IMMUNE

This test determines immune status ONLY. If current/recent infection is suspected, Rubella IgM testing is indicated.

Tests Completed: HBSAB, VZV IGG, RUBELLA IGG, MUMPS IGG, MEASLES IGG
Tests Pending : QUANTIFERON TB


Dr Melina Callianiotis
Provider No: 2286620F
Australia Fair Medical Centre
Shop B002, 40 Marine Parade, Southport QLD 4215
PO Box 3493, Southport QLD 4215
Ph: (07) 5532 5466 Fax: (07) 5591 0016

Patient Name: VENANCIO, JERRY
Patient Address: U 2 6 WHITE ST, SOUTHPORT 4215
D.O.B: 22/11/1988
Medicare No.:
Lab. Reference: 21-27066861-MES-0
Addressee: DR MELINA CALLIANIOTIS

Gender: M
III No.:
Provider: QML Pathology
Referred by: CALLIANIOTIS, DR. MELINA

Date Requested: 19/10/2021
Date Collected: 19/10/2021
Specimen:

Date Performed: 19/10/2021
Complete: Final

Subject(Test Name): MEASLES SEROLOGY MASTER
Clinical Information:

MICROBIAL SEROLOGY

Measles IgG (EIA): POSITIVE

Evidence of past exposure.
In most cases, this represents immunity.

If current/recent infection is suspected, IgM testing may be warranted.

Tests Completed: HBSAB, VZV IGG, MUMPS IGG, MEASLES IGG
Tests Pending : RUBELLA IGG, QUANTIFERON TB


Dr Melina Callianiotis
Provider No: 228602QF
Australia Fair Medical Centre
Shop B002, 40 Marine Parade, Southport QLD 4215
PO Box 3493, Southport QLD 4215
Ph: (07) 5552 3466 Fax: (07) 5591 6616

Patient Name: VENANCIO, JERRY
Patient Address: U 2 6 WHITE ST, SOUTHPORT 4215
D.O.B: 22/11/1988
Medicare No.:
Lab. Reference: 21-27066861-MUP-0
Addressee: DR MELINA CALLIANIOTIS

Gender: M
IHI No.:
Provider: QML Pathology
Referred by: CALLIANIOTIS, DR. MELINA

Date Requested: 19/10/2021
Date Collected: 19/10/2021
Specimen:
Subject(Test Name): MUMPS SEROLOGY MASTER
Clinical Information:

Date Performed: 19/10/2021
Complete: Final

MICROBIAL SEROLOGY

Mumps IgG (EIA): POSITIVE

Evidence of past exposure.
In most cases, this represents immunity.

If current/recent infection is suspected, IgM testing may be warranted.

Tests Completed: HBSAB, VZV IGG, MUMPS IGG, MEASLES IGG
Tests Pending : RUBELLA IGG, QUANTIFERON TB


Dr Melina Callianiotis
Provider No: 2288020F
Australia Fair Medical Centre
Shop B002, 40 Marine Parade, Southport QLD 4215
PO Box 3493, Southport QLD 4215
Ph: (07) 5532 3400 Fax: (07) 5591 6616

Tuberculosis (TB) Assessment Tool - writable

All new recruits, other clinical personnel, volunteers and students are required to complete this Tuberculosis Assessment Tool along with a NSW Health Record of Vaccination for Health Care Workers and Students and Attachment 6 Undertaking/Declaration Form. The healthcare worker/student should advise the NSW Health agency if they prefer to provide this information in private consultation with a clinician.

The **education provider** must forward a copy of this form to the health service for assessment.

The **NSW Health agency** will assess this form and decide whether TB screening or TB clinical review is required.

New recruits, other clinical personnel, volunteers and students can commence duties once they have submitted this form to the employing NSW Health agency **and** have been cleared of active TB disease **and** have completed TB testing when it is indicated by the information in this TB assessment tool. When employment commences prior to completing TB clinical review, failure to complete outstanding TB requirements within the appropriate timeframe may affect employment status.

Existing Category A staff, clinical personnel, volunteers and students who have spent more than 3 months in a country with high incidence of TB or have had known TB exposure since last TB assessment must complete a new TB Assessment Tool and re-submit this to their manager/education provider.

Please complete Part A, Part B and Part C

Part A: Symptoms requiring investigation to exclude active TB disease

Do you currently have any of the following symptoms that are not related to an existing diagnosis or condition that is being managed with a doctor?		Yes	No
1.	Cough for more than 2 weeks?	<input type="radio"/>	<input checked="" type="radio"/>
2.	Episodes of haemoptysis (coughing blood) in the past month?	<input type="radio"/>	<input checked="" type="radio"/>
3.	Unexplained fevers, chills or night sweats in the past month?	<input type="radio"/>	<input checked="" type="radio"/>
4.	Significant* unexpected weight loss over the past 3 months? <small>*loss of more than 5% of body weight</small>	<input type="radio"/>	<input checked="" type="radio"/>

If Yes to any of the questions in Part A:

- **Urgent TB Clinical Review required. The Health Agency undertaking this TB assessment should refer to the local TB Service/Chest Clinic. See link to list of NSW clinics and contact numbers on Page 2.**
- **Clearance from TB Service/Chest Clinic is required before commencing clinical placement/employment**

Part B: Previous TB treatment or TB screening or increased susceptibility

		Yes	No
1.	Have you ever been treated for active TB disease or latent TB infection (LTBI)?	<input type="radio"/>	<input checked="" type="radio"/>
If Yes, please state the year and country where you were treated and provide documentation (if available) to the TB Service/Chest Clinic		Year:	Country:
2.	Have you ever had a positive Tuberculin skin test (TST) or Quantiferon blood test (IGRA)?	<input type="radio"/>	<input checked="" type="radio"/>
If Yes, please provide copies of TB test results to the TB Service/Chest Clinic.			
3.	Have you ever had a chest X-ray that was reported as abnormal?	<input type="radio"/>	<input checked="" type="radio"/>
4.	Have you ever been referred to or reviewed in a TB Service/Chest Clinic in Australia?	<input type="radio"/>	<input checked="" type="radio"/>
5.	Do you have any medical conditions that affect your immune system? e.g. cancer, HIV, auto-immune conditions such as rheumatoid arthritis, renal disease, diabetes	<input type="radio"/>	<input checked="" type="radio"/>
6.	Are you on any regular medications that suppress your immune system?	<input type="radio"/>	<input checked="" type="radio"/>

If Yes to any of the questions in Part B:


- **The Health Agency undertaking this TB assessment should contact the local TB Service/Chest Clinic for advice regarding TB screening or clinical review requirements to obtain TB compliance. See link to list of clinics and contact numbers on Page 2.**

Appendix 6: Undertaking/Declaration Form

All new recruits/other clinical personnel/ students /volunteers / facilitators must complete each part of this document and Appendix 7 Tuberculosis (TB) Assessment Tool and provide a NSW Health Vaccination Record Card for Health Care Workers and Students and serological evidence of protection as specified in Appendix 4 Checklist: Evidence required from Category A Applicants and return these forms to the health facility as soon as possible after acceptance of position/enrolment or before attending their first clinical placement. (Parent/guardian to sign if student is under 18 years of age).

New recruits/other clinical personnel/ students /volunteers / facilitators will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Appendix 4 Checklist: Evidence required from Category A Applicants and submitted Appendix 7 Tuberculosis (TB) Assessment Tool. Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/duties.

The education provider/recruitment agency must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment. The NSW Health agency must assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

Part	Undertaking/Declaration (tick the applicable option)	✓
1	I have read and understand the requirements of the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy	<input checked="" type="checkbox"/>
2	a. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements, OR	<input checked="" type="checkbox"/>
	b. (For existing workers only) I consent to assessment and I undertake to participate in the assessment, screening and vaccination process; however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.	<input type="checkbox"/>
3	I have provided evidence of protection for hepatitis B as follows:	<input checked="" type="checkbox"/>
	a. history of an age-appropriate vaccination course, and serology result Anti-HBs ≥ 10 mIU/mL OR	<input type="checkbox"/>
	b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is < 10 mIU/mL (non-responder to hepatitis B vaccination) OR	<input type="checkbox"/>
	c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ OR	<input type="checkbox"/>
	d. I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in The Australian Immunisation Handbook, current edition) and provide a post-vaccination serology result within six months of my initial verification process.	<input type="checkbox"/>
4	I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Appendix 5 Specified Infectious Diseases: Risks and Consequences of Exposure) and agree to comply with the protective measures required by the health service and as defined by PD2017_013 Infection Prevention and Control Policy.	<input checked="" type="checkbox"/>
Declaration: I, <u>JERRY C VENANCIO</u> , declare that the information provided is correct		
Full name: <u>JERRY CASILA VENANCIO</u>		Worker cost centre (if available): <u>n/a</u>
D.O.B: <u>22/11/1988</u>		Worker/Student ID (if available): <u>220252099</u>
Medicare Number: <u>NOT APPLICABLE</u>		Position on card: <u>n/a</u> Expiry date: <u>n/a / n/a</u>
Email: <u>jvenanci@myune.edu.au</u>		
NSW Health agency / Education provider: <u>UNIVERSITY OF NEW ENGLAND</u>		
Signature: 		Date: <u>02/11/2021</u>

Part C: TB exposure risk history					
The following questions explore possible exposure to TB					
1.	In what country were you born?	PHILIPPINES			
	If born overseas, in what year did you migrate to Australia?	2019			
2.	Is your country of birth on the list of high TB incidence countries? For a list of high TB incidence countries, please go to https://www.health.nsw.gov.au/infectious/tuberculosis/Pages/high-incidence-countries.aspx	Yes	<input checked="" type="radio"/>	No	<input type="radio"/>
3.	Have you spent a total of three (3) months or more visiting or living in any country/ies with a high TB incidence? e.g. 2 months in country A + 1 month in country B = 3 months cumulative	<input type="radio"/>	Yes	<input checked="" type="radio"/>	No
If Yes, please list below the countries you have visited, the year of travel and duration of stay					
	Country visited	Year of travel	Duration of stay (please specify d/w/m)	Country visited	Year of travel
4.	Have you had direct contact with a person with pulmonary TB whilst infectious and where you were not wearing a P2/N95 mask?	Yes	<input type="radio"/>	No	<input checked="" type="radio"/>

If Yes to any of the questions in Part C, a record of TB infection status after the latest TB exposure risk is required.

The accepted tests are:

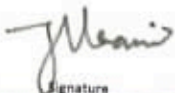
- Interferon Gamma Release Assay (IGRA) blood test. This test can be ordered by your doctor – pathology fees will apply. Blood draw for IGRA must be prior to or at least 4 weeks after a live vaccine, for example MMR or Varicella vaccination; or
- Tuberculin Skin Test (TST) performed at a specialist TB Service/Chest Clinic - requires 2-4 visits and there may be a cost involved. TST must be prior to or at least 4 weeks after a live vaccine, e.g. MMR or Varicella vaccination.

If the TB screening test is negative and there are no additional steps indicated by Part B of this assessment, TB compliance can be granted and clinical placement/employment can be attended.

If the TB screening test is positive, a chest X-ray and TB Clinical Review is required – please contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment. **Clearance from TB Service/Chest Clinic is required before commencing clinical placement/employment** See link to list of clinics and contact numbers below

There is no out-of-pocket expense for treatment of TB disease or LTBI in public health facilities in New South Wales

NOTE that any possible exposure to TB after this screening i.e. via overseas travel or workplace exposure, must be declared and another TB self-assessment tool must be re-submitted to your manager / education provider.

Your Personal Information			
Family Name	VENANCIO	Given Name(s)	JERRY
Date of Birth	22/11/1988	Phone number	0404 220662
Address	0708 / 79 CLAUDE ST. WRIGHT VILLAGE, UNE 2350		
Email	jvenanci@myune.edu.au		
Education Provider OR Employer	UNIVERSITY OF NEW ENGLAND	Student/Employee ID	220252099
Course/Module of Study OR Place of Work	BACHELOR OF NURSING (UNIVERSITY OF NEW ENGLAND)		
Signature and Date			02/11/2021
	signature		Date of completion of tool

NSW Health Code of Conduct Agreement for Students

Step 1: Read the NSW Health Code of Conduct

The NSW Health Code of Conduct is available here:

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_049.pdf

Step 2: Enter your details

Name: JERRY CASILLA VENANCIO
Date of Birth: 22/11/1988 Gender: MALE Student ID: 20252099
University/TAFE/Training Organisation: UNIVERSITY OF NEW ENGLAND
Email address: jvenanci@myune.edu.au

Step 3: Declaration and signature

1. I have read and understood the NSW Health Code of Conduct, and agree to comply with its provisions at all times whilst attending student placements in NSW Health.
2. I undertake that if I am charged or convicted of any criminal offence after the date of my National Police Certificate that I will notify NSW Health before continuing with my clinical placement.
3. I declare that the information I have provided to NSW Health for the purpose of undertaking student placements is correct to the best of my knowledge. I understand that if I am found to have deliberately withheld or provided false information, my placements may be withdrawn.

Signature: _____

J. Casilla Venancio

Date: _____

02/11/2021