

THIS INFORMATION IS CONFIDENTIAL TO WORKING WELL

IMMUNISATION AND SEROLOGY REQUEST FORM	Issue 2: AUG 2018 WWP- 104
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EMPLOYER & EMPLOYEE DETAILS – to completed by Practice Manager/Manager	
Employer	
Employee Job Title	
Location/Department	
Line Manager	
Email Address	
Contact Number	
Start Date	Weekly Hours

EMPLOYEE DETAILS – TO BE COMPLETED BY THE EMPLOYEE	
Surname	
Forename	
Maiden/previous name	
Title	Date of birth
Gender	Age
Personal email	
Contact number	

Please ensure your employee brings all their immunisation records from their GP or previous OH Service

Assessments required for the following:

Hepatitis B immunisation and blood test programme	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Measles and Rubella Assessment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Chicken Pox Assessment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tuberculosis Assessment	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Dental staff carrying out exposure prone procedures (EPPs)
<https://www.gov.uk/government/publications/general-dentistry-exposure-prone-procedure-categorisation>

Evidence of non-infection for staff completing Exposure Prone Procedures	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hepatitis Surface Antigen	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HIV Antibody	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hepatitis B Antibody	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hepatitis C Antibody	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hand Arm Vibration Syndrome (HAVS)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I have discussed with the employee the reasons for offering immunisations and protection against common infectious diseases that they may come into contact with whilst at work.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have discussed with the employee the reasons why evidence of non-infectivity must be demonstrated as there is the potential for them to be an infection risk to our patients because of their work activities.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Signature		Date

Information for Practice Manager/Manager to access immunisation services for staff

For staff that has patient contact or contact with specimens may require an immunisation assessment for both patient and staff protection. To ensure we provide the correct services to your staff member, please complete this form. You can either send the form to us direct or the individual can bring it with them.

It is important that your employee brings a copy of any immunisations or blood test records with them from either their GP or an OH service of a previous employer. Please ensure they also bring photographic identification with them.

All staff with patient or specimen contact

Patient Safety

Department of Health recommend the following vaccinations or evidence of immunity for patient safety:

- Measles
- Rubella (German Measles)
- Varicella Zoster (Chicken Pox)
- Tuberculosis

Staff Safety

The Department of Health recommend the following vaccinations for staff safety.

- Hepatitis B

Dentists and dental nurses

This group of staff may be an infection risk to patients for blood borne viruses and are required to have additional screening for evidence of non-infectivity. This staff group will require blood tests for:

Hepatitis B surface antigen
HIV antibodies

Hepatitis B antibodies
Hepatitis C antibodies

These tests can only be taken if photographic ID (e.g. passport, Photo Driving licence) is provided.

For further information please refer to the Green Book

[Immunisation against infectious disease - GOV.UK](#)

For further information please refer to UK Advisory Panel for Healthcare Workers infected with Blood Borne Viruses (UKAP)

<https://www.gov.uk/government/publications/general-dentistry-exposure-prone-procedure-categorisation>

https://www.workingwell2gether.nhs.uk/forms/WW6_EPPSheet_Jan11.pdf

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