

THIS INFORMATION IS CONFIDENTIAL TO WORKING WELL

IMMUNISATION AND SEROLOGY REQUEST FORM	Issue 3: DEC 2023 WWF-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						Age	
Gender									
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					YES	NO			
Measles and Rubella Assessment					YES	NO			
Chicken Pox Assessment					YES	NO			
Tuberculosis Assessment					YES	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					YES	NO			
Hepatitis Surface Antigen					YES	NO			
HIV Antibody					YES	NO			
Hepatitis B Antibody					YES	NO			
Hepatitis C Antibody					YES	NO			

Hand Arm Vibration Syndrome (HAVS)		YES	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.		YES	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.		YES	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 refer to the Green Book [Immunisation against infectious disease - GOV.UK](#)

For further information 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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Our Privacy Notice, which can be accessed at <https://www.workingwellglos.nhs.uk/privacy-notice/> provides a summary of how we will ensure we meet these requirements.