Royal Hospital
Department of Training and Studies

Immunization Declaration Form for Clinical Attachment

Clinical attachments (attaché) include students and trainees undertaking training within the Royal Hospital. They can be either involved in direct patient care or administrative staff in healthcare settings such as computer technicians or medical records employees. They are required to ensure that their immunizations are up to date.

Perhaps the link between Healthcare workers (HCW) and patient safety is most clear in the area of infectious disease prevention. The hospital setting amplifies the spread of respiratory-borne pathogens, and protecting HCWs became the main defense against further spread to vulnerable patients and the community. In alignment with Royal Hospital mission and vision this policy is enforced to protect the patient from contacting infectious diseases from their carers and maintain HCW safety by ensuring their vaccination requirement are strictly followed.

Staff involved in direct patient care:

This includes staff who have regular clinical contact with patients and who are directly involved in patient care. This includes doctors, dentists, midwives and nurses, paramedics, laboratory personnel, ambulance drivers, occupational therapists, physiotherapists and radiographers. Students and trainees in these disciplines and volunteers who are working with patients must also be included. The form is also required for Grade School Level 0 – 12 students on-job shadowing.

Non-clinical staff in healthcare settings:

This includes non-clinical secondary staff that may have social contact with patients but are not directly involved in patient care. This group includes receptionists, IT technician, ward clerks, dietary, staff porters and cleaners.

The trainee must present a satisfactory evidence of protection against the below mentioned diseases which would include documentation of having received the vaccines or having had positive antibody tests.

Important Notes:

- For undergraduates / Hospital employees who are unable to present an evidence, a signature with stamp from the University or College / hospital / institution should be acquired declaring that the information in the form are deemed correct and will accept full responsibility of the attachment.
- For all volunteers dealing with patients including social interaction need to submit evidence of vaccination or positive serology for MMR/Varicella and annual influenza Vaccine

All fields are mandatory. Any information that is not declared will result to immediate disapproval. Attach evidences of vaccination and serologies. REQUIRED

Royal Hospital

Immunization Declaration Form for Clinical Attachment

All clinical attachments including students and trainees undertaking training within the Royal Hospital, the below mentioned criteria is required to ensure that his/her immunization is up to date.

Name (Write full name) REQUIRED	
Date of Birth REQUIRED	
Nationality REQUIRED	
Telephone No. REQUIRED	
E-mail REQUIRED	
Requested Area of Training REQUIRED	

	Type	Date / Result	Evidence Attached
I. Hepatitis B Virus (Anti-HBsAg Antibodies) REQUIRED			
Vaccinations: Documented evidence of a completed, age appropriate course of hepatitis B vaccination	Vaccination	1st Dose: _ / _ / ___	Yes ❑ No ❑
• NB: Where there is a history of vaccination and anti-HBs>=10 but no documentation, it is reasonable to accept that they have been vaccinated as per the appropriate schedule.		2nd Dose: _/ _ /___	Yes ❑ No ❑
		3rd Dose: _ / _ / ___	Yes ❑ No ❑
Serology: • This is required in addition to hepatitis B vaccination. Aim is to have: Anti-HBS >= 10m/U/mL.	Serology	Result: _____ Date: _ / _ / ___	Yes ❑ No ❑
or • Documented evidence of anti-HBc, indicating past hepatitis B infection.	Serology	Result: _____ Date: _ / _ / ___	Yes ❑ No ❑
II. Hepatitis C Virus REQUIRED			
Serology of HCV antibodies	Serology	Result: _____ Date: _ / _ / ___	Yes ❑ No ❑
III. HIV REQUIRED			
Serology of HIV antibodies	Serology	Result: _____ Date: _ / _ / ___	Yes ❑ No ❑
IV. Influenza			
Annual influenza is not a mandatory, but it is strongly recommended, particularly in a high risk area (Paediatrics, ICU, Heamatology/ Oncology)	Vaccination	Date: _ / _ / ___	Yes ❑ No ❑

V. Measles, Mumps, Rubella (MMR) REQUIRED			**Evidence Attached**
Vaccination: • 2 doses of MMR, 4 weeks apart	Vaccination	1st Dose: _ / _ / ___ 2nd Dose: _/ _ /___ Booster: _/ _ /___ Result: _____	Yes ❑ No ❑ Yes ❑ No ❑ Yes ❑ No ❑
Serology: • Positive IgG for measles	Serology	Date: _ / _ / ___ Result: _____	Yes ❑ No ❑
• Positive IgG for mumps	Serology	Date: _ / _ / ___ Result: _____	Yes ❑ No ❑
• Positive IgG for rubella	Serology	Date: _ / _ / ___ Result: _____	Yes ❑ No ❑
VI. Varicella (Chicken pox) REQUIRED			
Vaccination: • 2 doses of Varicella vaccine at least one month apart. • NB: (Evidence of 1 dose is sufficient if the person was vaccinated before 14 years of age). *or*	Vaccination	1st Dose: _ / _ / ___ 2nd Dose: _/ _ /___	Yes ❑ No ❑ Yes ❑ No ❑
Serology • Positive for Varicella	Serology	Result: _____ Date: _ / _ / ___	Yes ❑ No ❑
VII. Tetanus- Diphtheria Acellular Pertussis (Tdap) REQUIRED			
All HCWs younger than 65 years of age.	Vaccination	Date: _ / _ / ___	Yes ❑ No ❑
VIII. Tetanus, Diphtheria (Td)			
All HCWs Td booster every 10 years following the completion of primary 3-dose series given IM	Vaccination	1st Dose: _ / _ / ___ 2nd Dose: _/ _ /___ Booster: _/ _ /___	Yes ❑ No ❑ Yes ❑ No ❑ Yes ❑ No ❑
IX. Meningococcal Vaccine (Tetravalent)			
Vaccination is required for Laboratory staff (recommended by Ministry of Health)	Vaccination	Date: _ / _ / ___	Yes ❑ No ❑
X. Polio Vaccine (killed) IPV			
Vaccination is required for Laboratory staff (recommended by Ministry of Health)	Vaccination	1st Dose: _ / _ / ___ 2nd Dose: _/ _ /___ 3rd Dose: _ / _ / ___	Yes ❑ No ❑ Yes ❑ No ❑ Yes ❑ No ❑

Declaration: REQUIRED

*(**Mandatory: To be filled and signed by the Applicant**)*

I hereby declare that all the information provided in the above table is correct and I acknowledge complete responsibility for the mentioned above.

Full Name: _____

Signature: _____ **Date**____/____/_____

Verified by: REQUIRED

*(**Mandatory: To be filled and signed by a Health Institution verifying DOCTOR the Immunizations and Serology's**)*

We verify that all the information provided by the above mentioned are correct and we acknowledge complete responsibility. The aforementioned is Fit for training or attachment.

Name: _____ **Institution:** _____

Signature / Official stamp: _____ **Date**____/____/_____