Prospective SA Health

Health Care Worker Immunisation Screening Form

**Part 1: Immunisation screening**

 **INSTRUCTIONS**

* Please complete this form and obtain ALL the required documentation to confirm your immune status as indicated in each section.
* Upload the completed form and ALL required documentation (supporting evidence) with your application via e-recruit OR email completed form with ALL required documentation to your SA Health Hiring Manager as directed. The Hiring Manager will forward your documents to Staff Health/Worker Health Nurse/Infection Prevention and Control Nurse (IP&C) or Authorised Officer (trained assessors) for approval.
* Once your form and evidence have been verified by Staff Health/Worker Health Nurse or Authorised Officer a certificate of compliance will be provided to the appropriate SA Health Hiring Manager.
* Category C roles must complete all personal information and all screening vaccination questions noting that immunisation is highly recommended but not mandatory.
* TB Screening questionnaire is a mandatory requirement for all prospective employees and must be completed.
* **Documentation**: evidence of vaccination can be your personal immunisation handheld record, information from the Australian Immunisation Register or a record from your doctor / immunisation provider.

|  |  |
| --- | --- |
| **Surname:** | **First Name:**  |
| **Previous surname:** | **Preferred Name:**  |
| **Best Contact No:**  | **DOB:** |
| **Address:** | **Postcode:** |
| **Preferred Email:** |
| **Position applied for:** | **Immunisation Category (please circle): A B C** |
| **Hiring Manager:** | **Commencement Date:** |
| **Current or former employee of SA Health: 🞏 Yes 🞏 No If yes, employee number if known:**  |
| **Current or previous LHN:** |
| **Medicare number (optional):** |

**Category A** must complete: 1, 2, 3, 4, 5, 6, 7, 8, Part 2, Part 3 and Part 4

**Category B** must complete: 2, 3, 4, 6, Part 2 and Part 3 and Part 4

**Category C** must complete: Part 3 and Part 4

|  |
| --- |
| **1. Hepatitis B virus (HBV) - Category A role only** |
| Have you completed a full course of HBV vaccine (either 3 doses, or 2 doses if given between 11-15 years of age)?**AND** had a blood test result showing immunity (Hepatitis B surface antibody [anti-HBs] ≥ 10mIU/mL)?**OR**Have you had resolved HBV infection in the past AND had a blood test to confirm you are immune (Hepatitis B core antibody)? | **🞏 YES**, you are considered immune to HBV.**\*\*Please attach blood test result\*\*** | **🞏 NO,** you need to see your immunisation provider to start/complete the Hepatitis B vaccination course. * You can be accepted for a SA Health position if you have started the vaccine course, have agreed to complete the course and a blood test 4 weeks after the last vaccine to check immunity after starting in your position.

**🞏 DON’T KNOW,** you need to see your doctor to have a blood test to check your immunity.* If the blood test shows you are immune you do not need to take further action.
* If the blood test does not show you are immune, you need to see your immunisation provider to start the Hepatitis B vaccine course followed by a blood test 4 weeks after the last vaccine to check for immunity.
* If you have had a full vaccine course but the blood test does not show you are immune, you should see your immunisation provider for a Hepatitis B booster vaccine and then your doctor for a blood test 4 weeks later.
 |

|  |  |
| --- | --- |
| **SURNAME:** | **First Name:** |

|  |
| --- |
| **2. Measles, Mumps, Rubella (MMR) - Category A and B roles** |
| 2a. Were you born before 1966? | **🞏 YES,** measles, mumps and rubella vaccination not required. Go to 3 | **o NO,** go to 2b |
| 2b. Do you have evidence of vaccination with at least 2 doses of a MMR vaccine? | **🞏 YES,** you are considered immune to measles, mumps and rubella. Go to 3.**\*\*Please attach vaccination records\*\*** | **o NO,** go to 2c |

|  |  |  |
| --- | --- | --- |
| 2c. Do you have evidence of immunity to measles, mumps and rubella infection (laboratory evidence of past infection or vaccination)? | **🞏 YES,** you are considered immune to measles, mumps and rubella.**\*\*Please attach blood test result indicating immunity for measles, mumps and rubella\*\*** | **🞏** **NO or DON’T KNOW,** you need to see your immunisation provider to start/complete the MMR vaccine course.* If you are pregnant, planning to get pregnant, or if your immune system is suppressed you should NOT have these vaccines and discuss this with your doctor.
* You do NOT need to have a blood test to check immunity following this vaccination course.
* If you believe you have had two doses of MMR vaccine but do not have the documentation, see your doctor to have a blood test to check for immunity before having the vaccine course.
* You can be accepted for a SA Health position if you have started the vaccine course and agree to complete the course after starting in your position.
 |
| **3. Chickenpox (varicella-zoster virus VZV) - Category A and B roles** |
| 3a. Have you had a blood test showing you are immune to varicella (chicken pox)? | **🞏 YES,** you are considered immune to chickenpox. Go to 4.**\*\*Please attach blood test result showing immunity to varicella\*\*** | **o NO,** go to 3b |
| 3b. Have you had two doses of a varicella-containing vaccine? | **🞏 YES,** you are considered immune to chickenpox. Got to 4.**\*\*Please attach vaccination records\*\*** | **o NO or DON’T KNOW,** you need to have one dos if you were vaccinated as a child less than 14 years of age **OR** two doses of varicella vaccine **OR** a blood test to see if you are immune to chickenpox.* If the blood test result shows you are immune, you do not need to take further action.
* If the blood test result does not indicate you are immune, you need to commence/complete the varicella vaccine course.
* You do NOT need to have a blood test to check your immunity after completing the vaccinations.
* You can be accepted for a SA Health position if you have started the vaccine course and agree to complete the course after starting in your position.
 |

|  |  |
| --- | --- |
| **SURNAME:** | **First Name:** |
| **4. Diphtheria, Tetanus and Pertussis (dTpa) - Category A and B roles** |
| Have you had a primary course (3 doses) of a diphtheria / tetanus / pertussis toxoid-containing vaccine (usually given in childhood)? **AND**Had a booster dose of dTpa vaccine in the last 10 years? | **🞏 YES,** you are considered immune to diphtheria, tetanus and pertussis.**\*\*Please attach the vaccination record for the most recent booster dose only\*\***  | **🞏 NO or DON’T KNOW*** If you have not had routine childhood vaccinations, you need you need to see your immunisation provider to commence/complete the primary dTpa vaccine course.
* If you have had a primary course but no booster in the last 10 years, you need to see your immunisation provider for a dTpa booster vaccine.
* You do NOT need to have a blood test to check immunity following this vaccination.
 |
| **5. Poliomyelitis - Category A role** |
| Have you received a full 3 dose course of polio vaccination (by mouth or by injection) usually given in childhood? |  **YES**, no further action required.**Documentation not required** |  **NO or DON’T KNOW*** If you have not had routine childhood vaccinations, you need to see your immunisation provider to commence/complete a three-dose course of inactivated poliomyelitis vaccine (IPV).

You do NOT need to have a blood test to check immunity following this vaccination. |
| **6. COVID-19- Category A and B roles** |
| Have you had the recommended course and booster covid vaccinations? | **🞏 YES** **\*\*Please attach vaccination record for all required doses\*\*** | o **NO or DON’T KNOW,** this applies to all Category A and B positions. Acceptable evidence includes documented evidence of:* Up to date COVID-19 vaccinations as defined by Australian Technical Advisory Group (ATAGI), and
* Receipt of COVID-19 vaccinations applicable to health care workers as recommended by ATAGI; or
* Evidence of an endorsed medical exemption.
 |
| **7. Influenza - Not mandatory, but strongly recommended for all risk categories** |
| Have you had the seasonal influenza vaccine this year? | **🞏 YES****\*\* Please attach vaccination record\*\***  | **o NO or DON’T KNOW,** it is highly recommended that you all health care workers have a seasonal influenza vaccination annually. |
| **8. Hepatitis A – Not mandatory, but strongly recommended for all risk categories** |
| Have you had two doses of Hepatitis A vaccine, at least 6 months apart **OR** serology to confirm immunity? | **🞏 YES,** you are considered immune to Hepatitis A.**\*\* Please attach vaccination records** **OR blood test result\*\*** | **o NO or DON’T KNOW,** you should have a blood test to see if you are immune OR receive two doses of hepatitis A vaccine, at least 6 months apart.* You do NOT need to have a blood test to check immunity following this vaccination
 |

Prospective SA Health

Health Care Worker Immunisation Screening Form

**Part 2: Tuberculosis screening – Required for all prospective employees**

 **INSTRUCTIONS**

* The objective of pre-employment TB screening is to use a risk management approach to identify individuals with active TB and those most at risk of latent TB.

|  |  |
| --- | --- |
| **Surname:** | **First Name:** |
| **1. Exposure risk** |

  **a) Were you born in Australia? 🞏 Yes 🞏 No** If no, Country of birth? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of arrival in Australia? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years spent in country of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **b) Have you worked or lived outside of Australia for periods of more than 3 months?**

 **🞏 Yes** (*please give details from most recent dates below)* **🞏 No**

|  |  |  |
| --- | --- | --- |
| **Country** | **Year left** | **Length of stay** |
|  |  |  |
|  |  |  |

1. **Have you volunteered or worked in a developing country or travelled in a high TB endemic region where you had close contact with locals?**

 **🞏 Yes** (*please give details from most recent dates below)* **🞏 No**

|  |  |  |  |
| --- | --- | --- | --- |
| **Country** | **Date** | **Activity** | **Length of stay** |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **2. TB contact history** |

1. **Have you ever been involved in the care of patients with TB OR had close contact with someone who had TB (e.g. family member, friend)?** 🞏 **Yes** 🞏 **No**

If yes, did you wear an D95, N95 or P2 Particular filter respirator (PFR) mask that had been fit tested? **🞏 Yes 🞏 No**

Please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **3. TB history** |

**a)** **Have you ever had Tuberculosis in the past? 🞏 Yes 🞏 No** If yes, were you treated? **🞏 Yes 🞏 No**

Please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**b) Do you currently have any of the following symptoms?**

|  |  |  |  |
| --- | --- | --- | --- |
| Recent unexplained Cough more than 2 weeks | **🞏** Yes **🞏** No | If yes, duration (weeks)? |  |
| Unexplained Fever more than 1 week | **🞏** Yes **🞏** No | If yes, duration (days/weeks)? |  |
| Recent unexplained Weight Loss | **🞏** Yes **🞏** No | If yes, estimate (kgs)? |  |
| Unexplained excessive sweating during the night for more than 1 week | **🞏** Yes **🞏** No | If yes, duration (weeks)? |  |

***If you have answered ‘yes’ to any of the above questions, please seek medical advice from your GP or another healthcare professional.***

|  |  |
| --- | --- |
| **Surname:** | **First Name:** |
| **4. TB immunisation / screening tests \*\* NOTE – Please attach supporting evidence\*\*** |
| **a.** Have you had a BCG vaccination against TB? | **🞏 Yes 🞏 No** | Date: |  |  |  |
| **b.** Have you had a Mantoux Skin Test? | **🞏 Yes 🞏 No** | Result in mm: |  | Date: |  |
| **c.** Have you had a blood test (IGRA) for TB? | **🞏 Yes 🞏 No** | Result: |  | Date: |  |
| **d.** Have you ever had a chest x-ray? | **🞏 Yes 🞏 No** | Result: |  | Date: |  |

|  |
| --- |
| **5. Immune suppression status**  |

1. **Do you have a medical condition or are you having treatment that may suppress your immunity?**
2. **Are you taking medication that suppresses your immunity?**

If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prospective SA Health

Health Care Worker Immunisation Screening Form

**Part 3: Other health information**

 **INSTRUCTIONS**

> All HCWs must complete all questions in this section.

|  |  |
| --- | --- |
| **SURNAME:** | **First Name:** |
| **1. Hepatitis C virus (HCV)** |
| Do you know your status in relation to HCV? | **🞏** **YES*** If you are HCV antibody **negative**, you do not need to take further action.
* If you are HCV antibody **positive**, you must seek confidential medical and career advice from an infectious diseases specialist and not undertake any exposure prone procedures until cleared to do so by the specialist
 | **🞏** **NO or DON’T KNOW,** * As a health care worker, you have a responsibility to know your HCV status by having a blood test for HCV antibody.
* **You do not need to inform SA Health of your status.**

**No documentation required** |
| **2. Human Immunodeficiency Virus (HIV)** |
| Do you know your status in relation to HIV? | **🞏** **YES*** If you are HIV antibody **negative**, you do not need to take further action.
* If you are HIV antibody **positive**, you must seek confidential medical and career advice from an infectious diseases specialist and not undertake any exposure prone procedures until cleared to do so by the specialist
 | **🞏** **NO or DON’T KNOW,** * As a health care worker, you have a responsibility to know your HIV status by having a blood test for HIV antibody.
* **You do not need to inform SA Health of your status.**

**No documentation required** |
| **3. Do you have a skin condition that affects your hands, forearms or face (e.g. dermatitis, eczema or psoriasis)?** **🞏** Yes **🞏** No If yes, please explain: |
| **4. Do you have any allergies to latex, chemicals or substances?**  **🞏** Yes **🞏** No If yes, please explain: |
| **5. Have you ever been Fit Tested for PFR e.g. D95 / N95 / P2 mask? o** Yes **o** No  |
| When: | Where: |
| Mask type / make: | Mask size: |
| Do you know how to perform a fit check? **o** Yes **o** No |
| Have you ever had trouble wearing a D95 / N95 / P2 Particular filter respirator (PFR) mask? **🞏** Yes **🞏** NoHave you ever had a skin reaction due to extended wear? **🞏** Yes **🞏** No If yes, please explain: |

Prospective SA Health

Health Care Worker Immunisation Screening Form

**Part 4: Applicant declaration and consent**

I confirm that the information provided in this form is accurate and supported by documented evidence as required. I understand that my participation in the SA Health Workforce Immunisation and TB Screening Program is mandatory to reduce the risk of transmission of vaccine preventable diseases to myself, colleagues, patients and consumers. I am aware that my application for employment will not be considered unless all supporting evidence is attached.

I consent to the SA Health Staff Health/Worker Health Nurse/ IP&C Nurse or Authorised Officer obtaining information relating to my immunisations, serology, previous Mantoux skin test, chest x-rays and TB screening history from the Australian Immunisation Register (AIR), SA TB Services, SA Health CHRIS21 and SA Pathology databases as required.

I consent to the Staff Health/Worker Health Nurse or Authorised Officer providing all my TB screening information to SA TB Services as required.

**Applicant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you for completing these Pre-Employment Health Care Worker Screening forms**

**For more information**

[SA Health – Health care worker immunisation requirements](https://www.sahealth.sa.gov.au/wps/wcm/connect/public%2Bcontent/sa%2Bhealth%2Binternet/clinical%2Bresources/clinical%2Bprograms%2Band%2Bpractice%2Bguidelines/immunisation%2Bfor%2Bhealth%2Bprofessionals/health%2Bcare%2Bworker%2Bimmunisation%2Brequirements)

© Department for Health and Wellbeing, Government of South Australia. All rights reserved.



**Appendices**

**Vaccination requirements by risk category and acceptable evidence of immunity/documentation**

| **Infectious Disease** | **Category A** | **Category B** | **Category C** | **Acceptable evidence of immunity / Documentation required** |
| --- | --- | --- | --- | --- |
| **Hepatitis B** | Mandatory | Strongly recommended | Strongly recommended | * Documented evidence of Hepatitis B core antibody; ***OR***
* Documented level of hepatitis B surface antibody (≥10mlU/ml) following completion of a course of Hepatitis B vaccine; ***OR***
* Confirmation of immunity post-vaccination **is required** after completion of the vaccination course. Individuals who have lived in a hepatitis B endemic country/setting for at least 3 months are required to have serology that includes hepatitis B surface antigen prior to vaccination.
 |
| **Measles** | Mandatory | Mandatory | Strongly recommended | * Documented evidence of measles antibody (IgG) on serology ***OR***
* Documented evidence of 2 measles-containing vaccines at least 4 weeks apart ***OR***
* Born before 1966 ***OR***
* Documented laboratory evidence of past measles infection.
 |
| **Mumps** | Mandatory | Mandatory | Strongly recommended | * Documented evidence of mumps antibody (IgG) on serology ***OR***
* Documented evidence of 2 mumps-containing vaccines at least 4 weeks apart ***OR***
* Born before 1966 ***OR***
* Documented laboratory evidence of past mumps infection.
 |
| **Rubella** | Mandatory | Mandatory | Strongly recommended | * Documented evidence of rubella antibody (IgG) on serology ***OR***
* Documented evidence of 2 rubella containing vaccines at least 4 weeks apart ***OR***
* Born before 1966 ***OR***
* Documented laboratory evidence of past rubella infection.
 |
| **Varicella****(Chickenpox)**  | Mandatory | Mandatory | Strongly recommended | * Documented evidence of varicella antibody (IgG) on serology ***OR***
* Documented evidence of age-appropriate varicella vaccination.
 |
| **dTpa** **(Whooping cough)** | Mandatory | Mandatory | Strongly recommended | * Documented evidence of pertussis containing booster vaccine in the previous 10 years (the only available pertussis vaccine includes diphtheria and tetanus vaccines).
* Confirmation of immunity post-vaccination is not required.
 |
| **SARS-CoV-2** **(COVID-19)**  | Mandatory | Mandatory  | Strongly recommended | * Documented evidence of up-to-date COVID-19 vaccinations as [defined by ATAGI](https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/getting-your-vaccination/stay-up-to-date) ***AND***
* Documented evidence of receipt of COVID-19 vaccinations applicable to health care workers as [recommended by ATAGI](https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/getting-your-vaccination/stay-up-to-date).
 |
| **Seasonal influenza**  | Strongly recommended | Strongly recommended | Strongly recommended | * Documented evidence of the current recommended seasonal influenza vaccine.
 |
| **Hepatitis A** | Strongly recommended | Strongly recommended | Strongly recommended | * Documented evidence of hepatitis A antibody on serology (IgG) ***OR***
* Documented evidence of completed course of hepatitis A vaccine ***OR***
* Documented laboratory evidence of past hepatitis A infection.
 |
| **Polio** | Mandatory | Strongly recommended | Strongly recommended | * Self-report of polio vaccine or self-report having had all standard childhood vaccines (note: for this VPD, nothing more is required).
 |
| **Tuberculosis assessment**  | Mandatory | Mandatory | Strongly recommended | * Complete Part 2 – TB questionnaire
* All prospective employees/students/volunteers and contractors from Category A and Category B are required to have IGRA/TST prior to commencing employment, clinical duties, tasks or placement within SA Health Services
* Refer to SA Health [Addressing vaccine preventable disease: Occupational assessment, screening, and vaccination Policy](https://www.sahealth.sa.gov.au/wps/wcm/connect/Public%2BContent/SA%2BHealth%2BInternet/Clinical%2BResources/Clinical%2BPrograms%2Band%2BPractice%2BGuidelines/Immunisation%2Bfor%2Bhealth%2Bprofessionals/Health%2Bcare%2Bworker%2Bimmunisation%2Band%2Bscreening%2Brequirements)
 |

**Note:** A statutory declaration is not acceptable evidence of immune status as per ATAGI, therefore will not be accepted as evidence.

For more information refer to SA Health – [Addressing vaccine preventable disease: Occupational assessment, screening, and vaccination Policy](https://www.sahealth.sa.gov.au/wps/wcm/connect/Public%2BContent/SA%2BHealth%2BInternet/Clinical%2BResources/Clinical%2BPrograms%2Band%2BPractice%2BGuidelines/Immunisation%2Bfor%2Bhealth%2Bprofessionals/Health%2Bcare%2Bworker%2Bimmunisation%2Band%2Bscreening%2Brequirements)