

## DECLINED VACCINATION STATEMENT FOR A VACCINE PREVENTABLE DISEASE

Personal Details					
Family Name:		First Name:		Staff/ Student FAN:	
<input type="checkbox"/> Staff	<input type="checkbox"/> Student	<input type="checkbox"/> Visitor	<input type="checkbox"/> Other		
Email:			Phone (W): Phone (M):		
Position:					
Gender <input type="checkbox"/> Male		<input type="checkbox"/> Female		<input type="checkbox"/> Prefer to not say	
Supervisor Name					
Phone:			Email:		
Work Location:					
Pathogen (s)/ Infectious Material (s) (where known):					
Identified Vaccine Preventable Disease: See The Australian Immunisation Handbook: <a href="https://immunisationhandbook.health.gov.au/">https://immunisationhandbook.health.gov.au/</a>					

Declined Vaccination Statement	
<ol style="list-style-type: none"> <li>1. I am informed of, and understand, the risks associated with working with potentially pathogenic/ infectious material and have been provided with the risk assessment and associated Safe Work Procedures.</li> <li>2. I understand that due to potential exposure to the above pathogen (s) / infectious material whilst undertaking work/ study, I may be at risk of acquiring the above disease(s) for which a vaccine is available.</li> <li>3. I have read the information provided about the identified diseases and the recommended vaccine(s), including that there may be other rare side effects that have not been completely documented.</li> <li>4. I have had an opportunity to ask questions of a qualified medical practitioner and understand the benefits and risks of vaccination. I certify that I have provided accurate information regarding my medical history, allergies and any other relevant health conditions.</li> <li>5. I have been offered the opportunity to be vaccinated against the identified disease(s) and <b>I voluntarily decline the offer for vaccination at this time.</b></li> <li>6. I understand that by declining, I may be putting myself and others at risk of acquiring the identified disease(s) above.</li> <li>7. In the future, should I continue to have exposure to the identified pathogen(s), or another infectious agent, and I want to be vaccinated with the recommended vaccine(s), I understand that I can receive the vaccination.</li> </ol>	
Your Name:	
Signature:	Date:     /     /
Supervisors Name:	
Supervisor Signature:	Date     /     /