

DECLARATION OF INFORMED CONSENT FOR 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):		
College/ Portfolio			
Position:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose			
Supervisor Name:			
		Phone:	Email:
Work Location:			
Pathogen (s) / Infectious material (s) (where known):			
Identified Vaccine Preventable Disease:			
See The Australian Immunisation Handbook: https://immunisationhandbook.health.gov.au/			

Declaration of Informed Consent	
<ol style="list-style-type: none"> 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. 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. 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. 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. 5. I have been offered the opportunity and hereby give my informed consent to receive the above-mentioned vaccine/s against the identified disease(s). 	
Your Name	
Signature:	Date: / /
Supervisor Name:	
Supervisors Signature:	Date: / /