

UOW SAFE@WORK

IMMUNISATION DECLARATION FORM

 REFERENCE: [Immunisation Guidelines](#)

The University of Wollongong has a responsibility to ensure a safe and healthy working environment for its workers and students. The information on this form will assist with minimising your exposure to infectious agents while carrying out your work, research or study.

In order to gather information to correctly assess associated risk, you are required to declare the status of any immunisations you have received. Where you prefer not to disclose your status, or decline any recommended immunisations, this may affect your ability to continue with the occupation or activity.

The information you provide on this form will be handled and stored securely by the local area in accordance with the University's [Privacy Policy](#).

Section 1: Personal details				
Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Position: <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Contractor		Staff/Student Number:		
Email:		Phone:		
Faculty/Division:		School/Unit:		
Section 2: Infectious agents or diseases that I may be exposed to – mandatory completion				
Agent/Disease	Vaccine/Brand	*Received	^Not Received	^Prefer not to Disclose
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*If any vaccines were “received”, you are required to complete section 3 ^If any vaccines were “not received” or “prefer not to disclose”, you are required to complete section 4				
Section 3: Confirmation - details in table are optional, signature is mandatory if applicable				
Date	Vaccine/Brand	Batch	Received at (clinic name)	
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
I confirm that I have received the vaccinations with details listed in section 2 and 3 of this form.				
Signature:			Date: / /	

Section 4: Declination - *signature is mandatory if applicable*

- I understand that due to my occupational or research exposure to the above infectious agents I may be at risk of acquiring the above diseases.
- I have read the information about the above disease and the recommended vaccine.
- I acknowledge that I may ask questions of a qualified nurse or physician and understand the benefits and risks of vaccination.
- I have been given the opportunity to be vaccinated against the above disease at no charge to myself. However, I decline vaccination at this time.
- I understand that by declining this vaccine, I continue to be at risk of acquiring the above disease, and may be excluded from occupational or research activities if this risk is deemed to be unacceptable by the University.
- If, in the future, I continue to have occupational or research exposure to the above infectious agent and I want to be vaccinated with the recommended vaccine, I can receive the vaccination at no charge to me.

Signature:

Date: / /

Section 5: Supervisor note/recommendation

- I recommend the above person is excluded from occupational or research activities in which they may be exposed to infectious agents for which they have declined to receive immunisation or disclose their immunisation status.

Section 6: Supervisor details

Name:

Email:

Phone:

Signature:

Date: / /