

### Form 3: Student Undertaking / Declaration

**All Students** must complete each part of this form and submit to the health service who will assess this form along with evidence of protection against the infectious diseases specified in this policy directive.

**Students** will not be permitted to attend clinical placements if they have not submitted this form and the *Form 2: Tuberculosis (TB) Screening Assessment Tool* to the health service within one month after enrolment.

Failure to complete outstanding immunisation requirements within the appropriate timeframe(s) will result in suspension from further clinical placements.

**Part 1**  I have read and understand the requirements of the NSW Health Occupational Assessment Screening and Vaccination against Specific Infectious Diseases Policy Directive.

**Part 2**  I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements.

**OR**

I undertake to participate in the assessment, screening and vaccination process, however I am aware of medical contradictions that may prevent me from fully completing these requirements and am able to provide documentation of these medical contradictions. I request consideration of my circumstances.

**Part 3** I have evidence of protection for:  pertussis  diphtheria  tetanus  
 varicella  measles  mumps  rubella

**Part 4**  I have evidence of protection for hepatitis B.

**OR**

I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B course (as recommended in the Australian Immunisation Handbook, current edition) and provide post-vaccination serology results within six months of commencement of enrolment.

**Part 5**  I have been informed of, and understand, the risks of infection, the consequences of infection and management in event of exposure (refer to *Information Sheet 3: Specified Infectious Diseases: Risks, consequences of exposure and protective measures*) and agree to comply with the protective measures required by the health service.

**I declare that the information I have provided is correct**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Student ID (or date of birth) \_\_\_\_\_

Educational institution (student) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_