



STAFF – DECLINE OF IMMUNISATION AUTHORISATION

Personal Details				
Title:	Family Name:	First Name:	Staff no.:	
<input type="checkbox"/> Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Contractor	<input type="checkbox"/> Visitor	Other:
Email:		Phone (w):	Phone (h):	
Faculty/Division:			School/Unit:	
Position:		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Supervisor:		Phone:	Email:	

Disease and Infectious agent
<p>This form seeks to obtain the approval of the above named to decline the immunisation suggested for the following infectious agent and related disease.</p> <p>Infectious agent /material:</p> <p>Disease:</p>

Decline of Immunisation Statement
<ol style="list-style-type: none"> 1. I understand that due to my occupational exposure to the above infectious agent I may be at risk of acquiring the above disease. 2. I have read the information about the above disease and the recommended vaccine. 3. I acknowledge that I may ask questions of a qualified nurse or physician and understand the benefits and risks of vaccination. 4. 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. 5. I understand that by declining this vaccine, I continue to be at risk of acquiring the above disease. 6. If in the future I continue to have occupational 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.

Authorisation
<p>Staff signature: _____ Date forwarded to Supervisor: / /</p>

Supervisor's Note: Review of Risk Assessment