FORM 3. – Student Undertaking/Declaration

All students must complete each part of this Form 3: Student Undertaking/Declaration Form and the Form 2: Tuberculosis (TB) Screening Assessment Tool and return these forms to their educational institution’s clinical placement coordinator as soon as possible after enrolment. (Parent/guardian to sign if student is under 18 years of age.)

Students will not be permitted to attend clinical placements if they have not submitted Form 3: Student Undertaking/Declaration Form and Form 2: Tuberculosis Assessment Tool.

Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements and may jeopardise the student’s course of study.

The educational institution will:
- ensure that all students whom they refer to a health service for clinical placement have submitted these forms, and
- forward the original or a copy of these forms to the health service for assessment.

The health service will:
- assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

Part 1
☐ I have read and understand the requirements of the NSW Health Occupational Assessment, Screening and Vaccination against Specified 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.

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

☐ I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in the Australian Immunisation Handbook, current edition) and provide a post-vaccination serology result 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 the event of exposure (refer 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 or Email _____________________________________________________________________________
Date of Birth or Student ID _________________________________________________ ___________________
Educational institution _______________________________________________________________________
Signature ________________________________________________  Date _____________________________