

Undertaking/Declaration Form

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

1. This form must be completed by all new workers, students and existing staff applying for new positions or undergoing vaccination and screening requirements outlined in the NSW Health *Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive* (the “**policy directive**”). This includes volunteers/facilitators/contractors (including visiting medical officers and agency staff) who provide services for or on behalf of NSW Health.
Please download the form before filling it in
2. **Category A workers** as defined in the policy directive must complete:
 - each part of this document; **and**
 - each part of the *Tuberculosis (TB) Assessment Tool*; **and**
 - provide evidence of protection which may include a *NSW Health Vaccination Record Card for Category A Workers and Students*; **and**
 - provide evidence of protection for COVID-19 as specified in Appendix 1 of the policy directive *Evidence of protection*; **and**
 - provide evidence of protection (serological and/or vaccination) for other requirements as specified in Appendix 1 *Evidence of protection*; **and**
 - return these forms to the health facility with their application/enrolment or before attending their first clinical placement. (*Parent/guardian to sign if student is under 18 years of age*).

Category A workers will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Appendix 1 *Evidence of protection* and submitted the *Tuberculosis (TB) Assessment Tool*.

Failure to complete outstanding hepatitis B, TB or COVID-19 vaccination requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/ work/ employment.

3. **Category B workers** as defined in the policy directive must complete:
 - each part of this document; **and**
 - provide evidence of protection for COVID-19 as specified in Appendix 1 of the policy directive *Evidence of protection*; **and**
 - return this form to the health facility with your application/enrolment. (*Parent/guardian to sign if student is under 18 years of age*).

Category B workers will only be permitted to commence employment/attend placements if they have submitted this form and have evidence of COVID-19 protection as specified in Appendix 1 of the policy directive *Evidence of protection*.

Failure to complete outstanding COVID-19 vaccination requirements within the appropriate timeframe(s) will result in suspension from further placements/duties and may jeopardise their course of study/ work/ employment.

4. The **recruitment agency/education provider** must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment.
5. The **NSW Health agency** must assess these forms along with evidence of protection specified in this policy directive.

Undertaking/Declaration Form

Occupational Assessment, Screening and
Vaccination Against Specified Infectious Diseases



Part	Undertaking/Declaration (tick the applicable option)	✓
1	I have read, understand and agree to abide by the requirements of the <i>NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy</i>	
2	<p>a. I consent to assessment and 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)</p> <p>b. I consent to assessment and 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.</p>	
3	I have provided evidence of protection for hepatitis B as follows (Category A workers only):	
	a. history of an age-appropriate vaccination course or signed declaration form AND serology result Anti-HBs ≥ 10 mIU/mL OR	
	b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is < 10 mIU/mL (non-responder to hepatitis B vaccination) OR	
	c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ OR	
	d. 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 <i>The Australian Immunisation Handbook</i> , current edition) and provide a post-vaccination serology result within six months of my initial verification process OR .	
	e. I have provided evidence of a medical contraindication to hepatitis B vaccine (e.g. letter from a doctor); AND .	
	f. I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Appendix 6 Specified Infectious Diseases: Risks and Consequences of Exposure) and agree to comply with the protective measures required by the health service and as defined by PD2017_013 Infection Prevention and Control Policy.	
4	I have provided COVID-19 vaccination evidence as follows (Category A workers only):	
	a. Evidence of 3 doses of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals); OR	
	b. Evidence that I have received at least two doses of a TGA approved or a recognised COVID-19 vaccine and will complete the required 3 dose schedule with a TGA approved COVID-19 vaccine, within the dosing time frame stipulated by the Australian Technical Advisory Group on Immunisation (ATAGI) and will provide evidence of completed vaccines within 6 weeks of the dose 3 due date; OR	
	c. Evidence of a temporary or permanent medical contraindication to all the available TGA approved COVID-19 vaccines, in the form of an Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011). I understand that if the medical contraindication is temporary, I must be reviewed by the date specified on the Medical Contraindication Form; OR	
	d. I am an existing Category A NSW Health worker and have provided evidence of two doses of a TGA approved or recognised COVID-19 vaccine and decline to receive dose three. I have completed the Non-participation Form (Appendix 5 of the Policy) and agree to comply with all other risk mitigation strategies as directed, while working in a Category A position (For existing workers only); OR	
	e. I have not completed the COVID-19 vaccination three dose requirements due to a recent SARS-CoV-2 infection. I have provided evidence as specified in the Policy. I understand that if my evidence is accepted I will be given a temporary medical exemption and agree to complete the vaccinations when the temporary medical exemption ends.	
5	I have provided COVID-19 vaccination evidence as follows (Category B workers only):	
	<p>a. Evidence of 2 doses of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals); OR</p> <p>b. Evidence of a medical exemption due to a recent SARS-CoV-2 infection or a temporary or permanent medical contraindication to all the available TGA approved COVID-19 vaccines, in the form of an Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011). I understand that if the medical contraindication is temporary or I have a recent SARS-CoV-2 infection, I must be reviewed by the date specified on the Medical Contraindication Form and agree to be vaccinated.</p>	

Declaration: I, _____ declare that the information provided is correct

Full name _____ Worker cost centre (if available) _____

Parent/guardian name _____ Parent/guardian signature _____

(for workers/students under 18 years)

D.O.B _____ Worker/Student ID (if available): _____

Medicare number _____ Position on card _____ Expiry date _____

Email _____

NSW Health agency / Education provider _____

Signature _____ Date _____