

# Undertaking/Declaration Form

## Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

### What is the purpose of this form

This form must be completed when applying for a Category A position/before attending placement at NSW Health. The undertaking/ declaration form ensures all applicants are aware of and comply with the [NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases \(OASV\) Policy Directive](#). Appendix 1 Evidence of Protection provides a summary of these requirements.

### Who is required to complete this form

All individuals applying for a position in NSW Health including new recruits, existing staff being assessed against the policy, students, volunteers, facilitators and contractors (including visiting medical officers and agency staff) who provide services at a NSW Health facility and for or on behalf of NSW Health.

### Instructions

1. Download the form before filling it in. Click [here](#) for steps to complete a PDF fillable form.
2. Read the undertaking/declaration form carefully.
3. Only tick the options in the 'Undertaking/Declaration Form' applicable to your circumstances.
4. Complete all sections of the 'Declaration'.

### Next steps

To commence employment/attend clinical placements:

1. All **Category A** workers (including students) are also required to:
  - a. Complete the [Tuberculosis \(TB\) Assessment Tool](#) and
  - b. Provide evidence of protection as specified in [Appendix 1 Evidence of protection](#) of the policy directive. Vaccinations and serology results may be recorded on the [NSW Health Vaccination Record Card](#).
2. **Return the completed forms** to the health facility with the application/enrolment or before attending their first clinical placement. (Parent/guardian may sign if student is under 18 years of age).
3. 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.
4. The **NSW Health agency** must assess these forms and the evidence of protection.

# Undertaking/Declaration Form



I, \_\_\_\_\_ declare that (**tick the applicable options**):

<b>1</b>	I agree to abide by the requirements of the NSW Health <u>Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases (OASV) Policy Directive</u> including Appendix 1 Evidence of Protection.
<b>2</b>	I consent to assessment, and I undertake to participate in the assessment, screening, and vaccination process; <b>AND</b> <b>a.</b> I am not aware of any personal circumstances that would prevent me from completing these requirements; <b>OR</b> <b>b.</b> I am aware of a medical contraindication(s) and/or I am persistent hepatitis B non-responders that may prevent me from fully completing these requirements and have provided documentation of the medical contraindication(s) as required by the NSW Health OASV Policy Directive (Section 5: <u>Medical Contraindications and Hepatitis B Vaccine Non-Responders</u> ). I request consideration of my circumstances.  If NSW Health accepts my medical contraindication and/or I am a hepatitis B non-responder:  <b>i.</b> I understand that I will be informed of the risks of infection, the consequences of infection and management in the event of exposure and agree to comply with the protective measures required by the health service and as defined by <u>PD2023_025 Infection Prevention and Control in Healthcare Settings</u> ; <b>AND</b>  <b>ii.</b> If the medical contraindication is temporary, I understand I must be reviewed and agree to be vaccinated once the medical exemptions end.
<b>3</b>	If I have received the minimum number of doses to commence employment/attend placement and I am granted temporary compliance,  <b>a.</b> I undertake to complete the outstanding vaccination and/or tuberculosis requirements within the timeframes required by the NSW Health OASV Policy Directive and agree to comply with the protective measures required by the health service; <b>AND</b>  <b>b.</b> I understand that failure to complete the outstanding vaccination and/or tuberculosis requirements within the appropriate timeframe(s) may result in suspension from further clinical placements/duties and may jeopardise my course of study/ work/employment.

## Declaration

I, \_\_\_\_\_ declare that the information provided is correct and I will abide by the requirements of the undertaking.

Date of birth \_\_\_\_\_ Worker/Student ID (if available) \_\_\_\_\_

Email \_\_\_\_\_

Contact number \_\_\_\_\_

NSW Health Agency/Education provider \_\_\_\_\_

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

Parent/guardian name \_\_\_\_\_

*(where required for workers/students under 18 years)*

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_

# Tuberculosis (TB) Assessment Tool

## Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

### Your Personal Information

Family Name

Given Name(s)

Date of Birth

Phone Number

Medicare Number *[if eligible]*Position on card *[number next to your name]*

Expiry Date

Address (street number and name, suburb and postcode)

Email

Employer/Education Provider

Stafflink/Student/Other ID

Course/Module of Study OR Place of Work

Signature

Date completed

**Please complete all questions in Parts A, B and C.**

### Part A: Symptoms requiring investigation to exclude active TB disease

<i>Do you currently have any of the following symptoms that are not related to an existing diagnosis or condition that is being managed with a doctor?</i>	Yes	No
1. Cough for more than 2 weeks?		
2. Episodes of haemoptysis (coughing blood) in the past month?		
3. Unexplained fevers, chills or night sweats in the past month?		
4. Significant* unexpected weight loss over the past 3 months? <i>*loss of more than 5% of body weight</i>		

# Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Family Name

Given Name(s)

Stafflink/Student/Other ID

Part B: Previous TB treatment or TB screening or increased susceptibility		Yes	No
1. Have you ever been treated for active TB disease or latent TB infection (LTBI)? <i>If Yes, please state the year and country where you were treated and provide documentation (if available)</i> Year _____ Country _____			
2. Have you ever had a positive TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)? <i>If Yes, please provide copies of TB test results.</i>			
3. Do you have any medical conditions that affect your immune system? <i>e.g. cancer, HIV, auto-immune conditions such as rheumatoid arthritis, renal disease</i>			
4. Are you on any regular medications that suppress your immune system? <i>e.g. TNF alpha inhibitors, high dose prednisone</i> <i>Please provide details here:</i>			

Part C: Possible TB exposure risk history		
The following questions explore possible previous exposure to TB		
1. In what country were you born? If born overseas, when did you migrate to Australia?		
<b>First Assessment Only</b>		
1a. Is your country of birth on the list of high-TB-incidence countries? <i>For the up-to-date list of high TB incidence countries, please go to <a href="https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx">https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx</a></i>	Yes	No
1b. If Yes, as part of your visa medical assessment, did you have a negative TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)? <i>*If yes, please provide a copy of the result</i>		
2. Have you ever visited or lived in any country/ies with a high TB incidence in your life (first assessment) or since your last TB Assessment? <i>If Yes, please list below the countries you have visited, the year of travel and duration of stay</i>		
3. Have you had direct contact with a person with infectious pulmonary TB without adequate personal protective equipment and did not complete contact screening?	Yes	No

Country visited	Year of travel	Duration of stay <i>(please specify d/w/m)</i>	Country visited	Year of travel	Duration of stay <i>(please specify d/w/m)</i>

# Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Family Name

Given Name(s)

Stafflink/Student/Other ID

Other relevant information to assist with determining TB risk
<p>E.g. pre-migration TB screening - CXR reported as normal and negative IGRA on Date</p>

**All workers and students** need to submit this form to their NSW health agency or education provider.

**Education providers** must forward this form to the NSW Health agency for assessment.

The **NSW Health agency** will assess this form and determine whether TB screening or TB clinical review is required.

NSW TB Services contact details:

<https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/accessing-your-local-TB-service.aspx>

*Privacy Notice: Personal information about students and employees collected by NSW Health is handled in accordance with the Health Records and Information Privacy Act 2002. NSW Health is collecting your personal information to meet its obligations to protect the public and to provide a safe workplace as per the current Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases Policy Directive. All personal information will be securely stored, and reasonable steps will be taken to keep it accurate, complete and up to date. Personal information recorded on this form will not be disclosed to NSW Health officers or third parties unless the disclosure is authorised or required by or under law. If you choose not to provide your personal information, you will not meet the condition of placement. For further information about how NSW Health protects your personal information, or to learn about your right to access your own personal information, please see our website at [www.health.nsw.gov.au](http://www.health.nsw.gov.au)*

For Official Use of NSW Health Agency or NSW TB Service	
Please refer to <b>Appendix 3 - TB Assessment Decision Support Tool</b> for guidance on documenting outcomes from this TB Assessment:	
<ul style="list-style-type: none"> <li>    TB Compliant</li> <li>    Advice sought from local TB service/chest clinic</li> <li>    TB Screening required – referred to GP or local TB service/chest clinic</li> <li>    TB Clinical Review required – referred to local TB service/chest clinic</li> <li>    Other</li> </ul>	
Name of assessor and role	Contact Number
Health Agency/District/Network	Date of assessment