



# Infection and Immunisation Declaration

A requirement for students undertaking a placement as part of their studies in  
Medicine, Nursing, Midwifery or any of the Health Sciences courses.

## Form A

### Student Details & Declaration

This section must be completed by the student undertaking the placement.

Student name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Course: \_\_\_\_\_

I declare that:

- I have read and understood the *Health Advisory Booklet for Health Professional Students* and agree to comply with the *Immunisation and Blood-borne Viruses Policy*, therein and available online.
- I acknowledge and accept that it is highly recommended that I obtain an annual influenza vaccination, as a duty of care for myself and others.
- I acknowledge and accept that it is my responsibility to:
  - Ensure that I am protected from infection of vaccine-preventable diseases at all times during my studies;
  - Seek professional medical advice, as soon as practicable, following any situation that may result in my possible infection with any transmissible infection that could impact on my suitability to undertake a placement;
  - Take all reasonable measures to prevent transmission of infectious diseases from myself to others;
  - Comply with any additional infection and immunisation requirements as advised by my placement provider;
  - complete any immunization program that I have commenced to be compliant with Immunisation policy;
  - Ensure that the University is advised of any changes to my Immunisation status for the duration of my studies.
- If found to be infected with a blood-borne virus at any time prior to or during my clinical studies, I agree to consult with a specialist medical practitioner regarding the nature of the virus, extent of infection and likelihood of transmission. I also undertake to communicate this information, along with their advice regarding my suitability to undertake clinical and coursework activities according to accepted professional standards, to Flinders (“the University”) in writing as soon as practicable.
- **I am aware that infection with a blood-borne virus, incomplete immunisation, or non-compliance with any of the requirements specified in the *Health Advisory Booklet for Health Professional Students* may impact on my suitability to complete placements, and that the decision to accept students into a professional environment rests solely with the placement provider.**
- I am aware that some placement providers will require that I show serological evidence of regular testing and vaccination, and I agree to provide this evidence upon request.
- I confirm that I will present this signed document to the Course Coordinator, or their delegated representative, so they may sight the document, as part of my duties to prepare for placements.
- I consent to the University communicating any relevant details to appropriate University and placement provider staff for the purposes of coordinating my student placements.

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

Any questions regarding compliance for student placements can be directed to your Topic Coordinator.