

### 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.

**OR**

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.

**OR**

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 \_\_\_\_\_