

Acknowledgement of Declined Vaccination - UTS Staff

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the following infection/s: _____

I have been given the opportunity to be screened/vaccinated at no charge to myself.

However, at this time I decline screening/vaccination for _____

I understand that by declining vaccination I continue to be at risk of acquiring this infection/s.

I further understand that my Faculty/Department will advise me if any alterations to my work are required as a result of declining vaccination.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be screened/vaccinated, I understand I can receive the vaccinations at no charge to me.

Signed

Name

Date

Witnessed

Name

Date