

Acknowledgement of Declined Vaccination - UTS Student (Optional)

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: _____

UTS has recommended I be screened/vaccinated. However, at this time I decline screening / vaccination for _____

I understand that by declining screening/vaccination I continue to be at risk of acquiring this infection/s. I also understand that my Faculty/Unit will advise me if this impacts on my ability to complete my studies.

Signed

Name

Date

Witnessed

Name

Date