

Declined Vaccination Form

- For use in accordance with the ECU Immunisation Guideline for staff and students declining to be vaccinated, provide evidence of, or disclose their vaccination or immune status.
- Sections 1 and 2 may be relevant subject to the activities being undertaken and locations they are performed.

Name _____

Staff/Student Number _____

School/Centre _____

Section 1. Recommended Vaccines for People at Occupational Risk

I have reviewed the Australian Government *Immunisation Handbook*: [Vaccines for People at Occupational Risk](#) recommended vaccines for people at increased risk of certain occupationally acquired vaccine-preventable diseases. I understand that, due to the nature of my work tasks or field of study, I may be at risk of exposure to infectious diseases and therefore vaccination is recommended.

- Not Applicable, or
- Applicable. If applicable, please list the recommended vaccines below:

Section 2. Mandatory Vaccinations

I understand that due to the nature of my work tasks or field of study, I am required to receive certain vaccinations in accordance with a mandatory vaccination requirement (i.e. imposed by a third party where this is directly applicable to my work tasks or field of study).

- Not Applicable
- Applicable

Declaration

I have been advised by my line manager/supervisor to consult my GP to discuss the potential risks of not being screened/vaccinated, however at this time I decline to be vaccinated, provide evidence of, or disclose, my vaccination or immune status.

I understand that by declining to be vaccinated, provide evidence of, or disclose my vaccination or immune status, I continue to be at risk of acquiring the infectious disease(s) listed above or in some cases exposing others to potential infection. I further acknowledge that an assessment will be conducted to determine if any alterations are required to my work duties/study activities to reduce the risk of potential exposure to infectious diseases, as well as an assessment of the University's ability to make reasonable accommodation of any required alterations.

	Name	Signature	Date
Staff/Student	_____	_____	_____
Line Manager / Supervisor	_____	_____	_____

(Refer to Manager and Supervisor responsibilities in section 4.22 of the ECU Immunisation Guideline for further action)

Information contained in this form will be treated as Sensitive Information in accordance with ECU's [Privacy Policy](#).