

Work-Integrated Learning (WIL) - Placement

Decline to Vaccinate Form

For use in accordance with CDU immunisation compliance requirements for students declining to be vaccinated and/or provide evidence of their vaccination or immune status.

I have reviewed the Australian Government *Immunisation Handbook: Vaccines for People at Occupational Risk*, which recommends vaccines for people who are at an increased risk of occupationally acquired vaccine-preventable diseases. The Faculty of Health offers many courses where students are required to participate in placements. Due to the professions and type of work students may undertake while on placement, they may be at an increased risk of being exposed to biologically infectious material. The faculty, therefore, has a responsibility to ensure all students meet these vaccine requirements before commencing their placements. These requirements may also be imposed by the host organisation.

The faculty recommends that all students be vaccinated (or provide evidence of their vaccination or immune status) before undertaking their placements due to the increased risk of being exposed to infectious material/diseases, and in some cases, the increased risk of exposing others to potential infections. Students planning on undertaking a placement who do not want to be vaccinated or provide evidence of their vaccination or immune status must complete the *Decline to Vaccinate Form*.

Additionally, students declining to be vaccinated or immunised may limit their placement opportunities and/or their ability to complete their course requirements. Students are therefore advised to consult with their course coordinator to discuss any impact this may have on completing their course. May limit and consequently pose a risk of extending my course length if an appropriate placement cannot be sourced.

SECTION ONE: Student Details

Student Name:	
Date of Birth:	Student ID:
University Email:	Mobile:
Course Name:	Course Code:

SECTION TWO: Student Declaration

I, (please print full name) have read the Charles Darwin University (CDU) Faculty of Health Decline to Vaccinate information and understand the implications for me as a student in my course. I have carefully considered this information and understand it may impact my ability to complete my degree.

I do not wish to become vaccinated or provide evidence of my immune status for the following compliance requirements:

I understand that due to the type of work I may be required to undertake on my placement, I may be at an increased risk of being exposed to biologically infectious material and that I am required to receive certain vaccinations in accordance with mandatory vaccinations prescribed by the Faculty of Health or imposed by the Host Organisation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that by declining to participate in vaccinations or providing evidence of vaccination or immune status, I am increasing my risk of occupational exposure to blood and/or other potentially infectious materials that could result in acquiring vaccine-preventable disease.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that I am at risk of exposure to and/or at risk of transmitting disease within the healthcare setting during my placement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have sought and received advice from the appropriate medical practitioner about protecting myself and patients/clients.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that by not following the FoH recommendations regarding vaccinations, my placement opportunities may be limited and risk extending my course studies in trying to find an appropriate placement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that this could impact my ability to complete my studies, and I have consulted with my course coordinator regarding this matter.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION THREE: Course Coordinator Signature

I have advised the student to consult their medical practitioner to discuss any potential risks of choosing to decline being vaccinated (and/or provide evidence of vaccination or immune status).

I have also spoken to the student regarding the potential impact on their course progression.

Course Coordinator Name:	
Course Coordinator Signature:	Date:/...../.....

SECTION FOUR: Student Signature

I acknowledge that my personal information has been collected by Charles Darwin University to determine my ability to safely undertake a professional placement. This information will only be used for the purpose it was collected in accordance with the Information Act 2002, Privacy Act 1988, and the university's Privacy and Confidentiality Policy.

Student Name:

Student Signature:

Date:/...../.....

Once completed, this document needs to be uploaded to InPlace.