

## ***Student Declaration regarding Immunisation and Infection Risk***

This is to confirm that I have met all faculty requirements regarding immunisation, testing and follow-up requirements, as documented in the Immunisation and Infection Risk Management Plan.

I understand the concepts and significance of observing 'standard precautions' at all times during my medical training where contact with blood and body substances occurs and take responsibility for complying with these.

I understand it is my responsibility to ensure that I retain the Vaccination Statement and must produce it on request to any faculty or clinical site staff member on request.

I understand the reporting requirements and follow-up in relation to existing or subsequent course-associated or other incidents or behaviours that affect blood-borne status and carry an infection risk

Please find attached my **Vaccination Statement** provided by the University Health Service/my medical practitioner following completion of all my requirements.

*Signature*.....

*Name*.....

*Student ID* .....

*Date*.....

**Please return to:**

**MBBS Student Services, Reception, Building 15  
Clayton Campus**