

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

This is to confirm that I have received and understood information provided by the Faculty of Medicine, Nursing & Health Sciences regarding immunisation and infection risk during the undergraduate training program.

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

*Signature*.....

*Name*.....

*Student ID* .....

*Date*.....

**Please return to:**

**MBBS Student Services  
Faculty of Medicine, Nursing & Health Sciences  
Building 15, Clayton Campus**