

Form F



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 Student Immunisation and Infection Risk Policy.

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.

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

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