

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:

**Administrative Officer
Department of Medical Imaging and Radiation Sciences
Faculty of Medicine, Nursing & Health Sciences
Building 13C, Room 132 Clayton Campus**