Student Declaration

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

I understand that it is a requirement of course, Bachelor of Radiography and Medical Imaging (honours) that I undertake compulsory clinical placement units. I understand that I cannot participate in these units if I do not meet the prescribed immunisations requirements as set by the placement organisations.

I understand that Monash University is required to inform placement organisations of the immunisation status of all students. If I am unable to satisfy the placement organisation’s immunisation requirements, they may refuse to accept me for a placement. If I am unable to complete all compulsory placements, I understand that I cannot meet the requirements for successful completion of the course.

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

I understand this it is my responsibility to ensure that I retain the Vaccination Document for Placement Provider 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.

Student ID Number: 

Name: __________________________________________

Signature: _______________________________ Date: ___________________

Please return to:

School of Biomedical Sciences
Student Services Office
Ground Floor, Building 77
MONASH UNIVERSITY CLAYTON 3800