

SAFETY IN PRACTICE MEDICAL DECLARATION FORM

Student Details:

Student Surname:	Given Names:	Date of Birth:
Email Address:	Course:	Student ID:

Students intending to undertake Professional Experience Placement (PEP) must ensure this form is completed and submitted if they (tick relevant situation):

- have a blood-borne virus;
- have a medical contraindication to a vaccine (name of vaccine: _____);
- are a documented non-responder to a vaccine (name of vaccine: _____);

Student Declaration:

I understand that I am at risk of exposure to AND/OR at risk of transmitting infectious diseases within the health care setting during PEP. I have sought and received advice from the appropriate health practitioner about protecting myself and patients/clients from infectious diseases.

I declare that:

- I will follow the advice provided by the health practitioner; and
- **If diagnosed with a blood borne virus I will not** undertake or participate in exposure-prone procedures until given clearance by my medical specialist, and will adhere to the [Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses](#) (Communicable Diseases Network Australia).

Student Signature:	Date:
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Once completed by Health Practitioner, please add this form to your Immunisation record and upload to InPlace.

Health Practitioner Declaration:

I confirm that I have discussed the risks of exposure/transmission of infectious diseases within health care settings with the student and provided advice to protect the student and patients/clients from infectious diseases during PEP.

Doctor Name & Specialty:		
Telephone:	Email:	Provider Number:
Doctor Signature:		Date:

Doctor Stamp: