

Appendix 6: Undertaking/Declaration Form

All new recruits/other clinical personnel/ students /volunteers / facilitators must complete each part of this document and Appendix 7 *Tuberculosis (TB) Assessment Tool* and provide a NSW Health Vaccination Record Card for Health Care Workers and Students and serological evidence of protection as specified in Appendix 4 *Checklist: Evidence required from Category A Applicants* and return these forms to the health facility as soon as possible after acceptance of position/enrolment or before attending their first clinical placement. (Parent/guardian to sign if student is under 18 years of age).

New recruits/other clinical personnel/ students /volunteers / facilitators will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Appendix 4 *Checklist: Evidence required from Category A Applicants* and submitted Appendix 7 *Tuberculosis (TB) Assessment Tool*. Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/duties.

The education provider/recruitment agency must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment. **The NSW Health agency** must assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

| Part | Undertaking/Declaration (tick the applicable option) | √ |
|------|---|---|
| 1 | I have read and understand the requirements of the NSW Health <i>Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy</i> | |
| 2 | a. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements. OR | |
| | b. (For existing workers only) I consent to assessment and I undertake to participate in the assessment, screening and vaccination process; however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances. | |
| 3 | I have provided evidence of protection for hepatitis B as follows: | |
| | a. history of an age-appropriate vaccination course, <u>and</u> serology result Anti-HBs ≥ 10 mIU/mL OR | |
| | b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is < 10 mIU/mL (non-responder to hepatitis B vaccination) OR | |
| | c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ OR | |
| | d. I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in <i>The Australian Immunisation Handbook</i> , current edition) and provide a post-vaccination serology result within six months of my initial verification process. | |
| 4 | I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Appendix 5 <i>Specified Infectious Diseases: Risks and Consequences of Exposure</i>) and agree to comply with the protective measures required by the health service and as defined by PD2017_013 Infection Prevention and Control Policy. | |

Declaration: I, _____, declare that the information provided is correct

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|------------------|-------------------|---|
| Full name: | | Worker cost centre (if available): |
| D.O.B: | | Worker/Student ID (if available): |
| Medicare Number: | Position on card: | NSW Health agency / Education provider: |
| Email: | | |
| Signature: | | Date: |