

**OHS079****Decline of Immunisation  
Authorisation Form****UNSW**  
THE UNIVERSITY OF NEW SOUTH WALES**Personal Details**

Title:	Family Name:	First Name:	Staff/student no.:
<input type="checkbox"/> Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Contractor	<input type="checkbox"/> Visitor
Other:			
Email:	Phone (w):	Phone (h):	
Faculty/Division:	School/Unit:		
Position:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Supervisor:	Phone:	email:	

**Disease and Infectious agent**

This form documents the decision by the above named to decline the immunization(s) recommended for the following infectious disease(s).

Disease(s)

**Decline of Immunisation Statement**

1. I understand that due to my occupational exposure to the above infectious agent I may be at risk of acquiring the above disease.
2. I have read the information provided about the above disease(s) and the recommended vaccine(s).
3. I have had an opportunity to ask questions of a qualified medical practitioner and understand the benefits and risks of vaccination.
4. I have been given the opportunity to be vaccinated against the above disease(s) at no charge to myself. However, I decline vaccination at this time.
5. I understand that by declining, I continue to be at risk of acquiring the above disease(s).
6. If in the future I continue to have occupational exposure to the above infectious agent and I want to be vaccinated with the recommended vaccine, I understand that I can receive the vaccination at no charge to me.

**Authorisation**

Your signature:	Date forwarded to Supervisor:    /    /
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