



Vaccine Non-Responders and Health Care Workers with a Medical Contraindication to a Vaccine

You must complete this form if you are a Category A Health Care Worker (HCW) and you are a vaccine non-responder or you have a medical contraindication to the administration of a vaccine. **If you are a vaccine non-responder**, attach documented evidence of your circumstances (e.g. record of vaccination and post vaccination serology). **If you have a medical contraindication**, attach evidence of your condition.

DO NOT COMPLETE THIS FORM if you are a HCW who satisfies **ALL** "partial compliance" Hepatitis B (HBV) vaccination requirements as set out in the ACT Health *Occupational Assessment, Screening and Vaccination* procedure.

ONLY COMPLETE THIS FORM IF YOU ARE A VACCINE NON-RESPONDER OR YOU HAVE A MEDICAL CONTRAINDICATION TO A VACCINE

1 ▶ Your Personal Details

▲ Surname

▲ First Name

▲ DOB

▲ Home Address

▲ Post Code

▲ Telephone

▲ Email

▲ Gender

▲ Job Designation (e.g., Intern, Registered Nurse, Student)

2

- I have read and understand the information in the ACT Health *Occupational Assessment, Screening and Vaccination* procedure.
- I am unable to be vaccinated against the following vaccine-preventable infectious diseases:

<input type="checkbox"/> HBV – Hepatitis B	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Measles
<input type="checkbox"/> Varicella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Mumps
<input type="checkbox"/> Influenza	<input type="checkbox"/> Pertussis	<input type="checkbox"/> Rubella
- My healthcare provider has explained to me the potential risks that my non-participation in the assessment, screening or vaccination of one or more of the specified infectious diseases may pose, both to me and others.
- I understand my inability to demonstrate protection against all of the specified infectious diseases will require ACT Health to manage me as an **unprotected HCW**.
- I consent to being managed as an **unprotected HCW**.
- I understand I can contact the Occupational Medicine Unit on 02 6244 2321 or Calvary Health Care Bruce Staff Health Department on 02 6264 7076 during work hours if I have any concerns about my immunisation or immunity status.

3

▲ Print Name

▲ Signature

▲ Date