



Vaccine non-responders and staff with a medical contraindication to a vaccine

You must complete this form if you are a Category A staff member 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.

Return your completed **Form 4** and **evidence of your circumstances** to the Occupational Medicine Unit (OMUACTHealth@act.gov.au) (or for students your educational institution) as soon as possible.

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

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► Your Personal Details

AGS number: _____

▲ Surname

▲ First Name

▲ DOB

▲ Home Address

▲ Post Code

▲ Gender

▲ Telephone/Mobile

▲ Email

▲ Job position

▲ Working Area

▲ Manager Name

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I am a vaccine non-responder to /or are unable to be vaccinated against the following vaccine-preventable infectious diseases:

HBV – Hepatitis B

Diphtheria

Measles

Varicella

Tetanus

Mumps

Influenza

Pertussis

Rubella

The Occupational Medicine Unit or 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 staff member**.

I consent to being managed and assessed by the Expert Risk Assessment Committee as an **unprotected staff member**.

I understand I can contact the Occupational Medicine Unit on 02 6244 2321 if I have any concerns about my immunisation or immunity status.

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▲ Print Name

▲ Signature

▲ Date