



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 (CHSOMU@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

1	▶ Your Personal Details		AGS number: _____
	▲ Surname	▲ First Name	▲ DOB
	▲ Home Address	▲ Post Code	▲ Gender
	▲ Telephone/Mobile	▲ Email	
	▲ Job position	▲ Working Area	▲ Manager Name

2	<p>I am a vaccine non-responder to /or are unable to be vaccinated against the following vaccine-preventable infectious diseases:</p> <table border="0"> <tr> <td><input type="checkbox"/> HBV – Hepatitis B</td> <td><input type="checkbox"/> Diphtheria</td> <td><input type="checkbox"/> Measles</td> </tr> <tr> <td><input type="checkbox"/> Varicella</td> <td><input type="checkbox"/> Tetanus</td> <td><input type="checkbox"/> Mumps</td> </tr> <tr> <td><input type="checkbox"/> Influenza</td> <td><input type="checkbox"/> Pertussis</td> <td><input type="checkbox"/> Rubella</td> </tr> </table> <p>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.</p> <p>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.</p> <p>I consent to being managed and assessed by the Expert Risk Assessment Committee as an unprotected staff member.</p> <p>I understand I can contact the Occupational Medicine Unit on 02 6244 2321 if I have any concerns about my immunisation or immunity status.</p>	<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
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3	_____	_____	_____
	▲ Print Name	▲ Signature	▲ Date