PRIVATE & CONFIDENTIAL

ACT Government | Canberra Health Services

FORM 5

Existing Category A Staff

Non-Participation in Occupational Assessment, Screening or Vaccination

Staff Currently Employed by ACT Health

You must complete this form if you are a staff member currently employed at Canberra Hospital and Health Services in a Category A position who wishes to abstain from participating in occupational assessment, screening or vaccination against any of the specified infectious diseases. Submit your completed Form 5 to the Occupational Medicine Unit (CHSOMU@act.gov.au).

If you are currently working in a **Category A position**:
You **must not work with high risk client groups or high risk clinical areas** unless you are approved to do so. You **must not perform exposure prone procedures** unless you are approved to do so by an Expert Advisory Committee.

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Your Personal Details (*Please print)* AGS number: _____

Surname	*First Name*	*DOB*
Home Address		*Post Code*
Telephone	*Email*	*Gender*
Job Position	*Working Area*	*Managers Name*

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By signing this form you agree to the following:

I have been given the opportunity to read the *Occupational Assessment, Screening and Vaccination* procedure.
I do not consent to the assessment, screening or vaccination of the following specified infectious diseases:

☐ Measles ☐ Hepatitis B (HBV) ☐ Mumps ☐ Rubella ☐ Varicella
☐ Diphtheria/Tetanus/Pertussis ☐ Tuberculosis (TB)

My healthcare provider or OMU 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 I can contact the OMU on 02 6244 2321 during work hours if I have any concerns about my immunisation or immunity status.
I understand that my decision to abstain from the assessment, screening and vaccination of the specified infectious diseases will require ACT Health to manage me as an unprotected staff member, as described in the *Occupational Assessment, Screening and Vaccination* procedure.

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EXPOSURE PRONE PROCEDURES

Staff that perform EPPs are classified as Category A-EPP and must consent to provide information about their blood borne virus status, which includes information about their HBV, HCV and HIV status. For more information, see the *Australian National Guidelines for the Management of Health Care Workers Known to be Infected with Blood Borne Viruses* and the ACT Health *Blood Borne Virus in Health Care Workers* procedure.

☐ I am an existing Category A-EPP staff member and **do not consent** to provide information about my status for:

☐ Hepatitis B (HBs antigen) ☐ Hepatitis C ☐ HIV

☐ I understand my decision not to provide the required information means I may be restricted in performing EPP.

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Print Name	*Signature*	*Date*