Attachment 9 Hepatitis B Statutory Declaration

To be used where a hepatitis B vaccination record is not available

Statutory Declaration

Commonwealth Declaration Act 1959

I, ................................................................., do solemnly and sincerely declare that

[print name of declarant]

☐ I have received an age-appropriate course of hepatitis B vaccine consisting of ☐(insert number) vaccine doses.

The approximate year I was vaccinated against hepatitis B was.................................

I do not have the record of vaccination because: ..............................................................

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and I understand the risks of making a false declaration.

I make this solemn declaration* conscientiously believing the same to be true, and by virtue of the provisions of the Commonwealth Declaration Act 1959.

Declared at: ............................................. on .................................................................

[place] [date]

[signature of declarant]

in the presence of an authorised witness, who states:

I, ................................................................., a .................................................................

[print name of authorised witness] [qualification of authorised witness]

certify the following matters concerning the making of this statutory declaration by the person who made it: I have known the person for at least 12 months OR *I have confirmed the person’s identity using an identification document and the document I relied on was

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[describe identification document relied on]

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[signature of authorised witness**] [signature of authorised witness]**

[date] [date]

*This statutory declaration is made under the Commonwealth Declaration Act 1959

**An authorised witness must be an appropriately trained assessor