



**ACT**  
Government

**ACT Health**

Clinical Placement Office

Level 3, 2-6 Bowes Street, Phillip,  
ACT 2606

Ph: 02 5124 5887

Email: [cpo@act.gov.au](mailto:cpo@act.gov.au)

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**AUTHORISATION TO RELEASE PERSONAL INFORMATION FOR  
FURTHER INVESTIGATION OF IMMUNISATION STATUS**

Full Name:

Date of Birth:

Previous Name:

Educational Institution Student ID No:

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I request and authorise \_\_\_\_\_ (insert university name here) to release information about myself, as named above to:

Clinical Placement Office, Level 3, 2-6 Bowes Street, Phillip, ACT 2606

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This request and authorisation applies to:

Immunisation Status

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**Definition:** ACT Health requires all persons seeking clinical placement within ACT Government Health Directorate Facilities to comply with the Health Directorate Occupational Assessment, Screening and Vaccination Procedure.

**Please tick the appropriate box**

Yes  No I authorise the release of my immunisation status to the staff listed above. I understand that I will be advised if my immunisation status does not comply with the recommended schedule and prevents me from undertaking a clinical placement in Health Directorate facilities.

Yes  No I understand that my immunisation status may be discussed with staff of the Department of Respiratory and Sleep Medicine and any other Health Directorate staff as deemed necessary to make a decision. This may include Human Resources personnel, Departmental Managers and the Professionals Lead for my discipline.

Yes  No I am enclosing a personal statement about my immunisation status to assist ACT Government Health Directorate staff with their decision.

Student or Trainee

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

The staff of the Clinical Placement Office will treat all information on this form according to the ACT Government Health Directorate policies regarding the use and storage of personal information and in the strictest confidence.



## 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