



I understand that due to my studies I may be exposed to blood or other potentially infectious materials and I may be at risk of acquiring the following infection/s:

It has been recommended that I be screened / vaccinated. However, at this time I decline screening / vaccination for:

I understand that by declining screening / vaccination I continue to be at risk of acquiring any of the above infection/s. I further understand that my Faculty / School / Administrative Unit will advise me if this impacts on my ability to complete my studies.

	Signature	Name	Date
Staff:			
Witnessed:			