



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


I have been given the opportunity to be screened / vaccinated at no charge to myself. However, at this time I decline screening / vaccination for:


I understand that by declining 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 any alterations to my work are required as a result of declining vaccination.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I wish to be screened / vaccinated, I understand this can be arranged at no charge to me.

	Signature	Name	Date
Staff:			
Witnessed:			