



Non-Participation in the Immunisation Program form - Informed decision

This form is to be used by for workers employed in an existing Category A position (as defined in the Health NSW, Risk Categorisation Guide) at the release of the revised Immunisation policy and procedure. Workers employed in existing positions must be assessed as compliant against the policy or acknowledge in writing that they decline to participate in the immunisation program namely, assessment, screening and /or vaccination as laid out in the MQ Immunisation policy and procedure.

Section to be read and completed by staff member

I have read and understand the immunisation policy and procedure. I have also read the Health NSW Specified Infectious Diseases: Risks and Consequences of Exposure document and the link embedded fact sheets in the document.

I decline to participate in: (tick box for specific disease(s) vaccination as applicable)

- Assessment and/or vaccination for diphtheria/ tetanus/pertussis (dTpa)
- Assessment and/or vaccination for hepatitis B
- Assessment and/or vaccination for measles/mumps/rubella (MMR)
- Assessment and/or vaccination for varicella (chicken pox)
- Vaccination for influenza (Category A high risk only)
- Assessment and/or screening for tuberculosis

I am aware of the potential risk to myself and/or others that my non-participation in assessment, screening and/or vaccination, as part of the MQ Immunisation program, may pose.

I am aware that non-participation will require my employer to either manage me as unprotected or unscreened and may lead to reassignment or termination of my employment if reassignment to a non-high-risk position is not feasible.

I understand that this health-related information will only be disclosed for the primary purpose and will be held by the Macquarie University Health Monitoring Advisor who I can contact at screeningandimmunisation@mq.edu.au regarding any issues or concerns.

Name of Staff member	Signature	Date

Date of Birth	Clinical area	MQ Entity

Section to be read and completed by Doctor

I have discussed with this worker _____ on _____ the potential risks that non-participation may pose and the management of unprotected /unscreened workers in accordance with the health benefits of participating in the University's Immunisation program and the potential health risks associated with non-participation in the program.

Name of doctor	Signature	Date

Practice	Email	

Refusal to submit documental/attend appointment

This worker has failed to attend an appointment for assessments, screening and vaccination despite multiple requests and will be referred to their executive officer for possible termination.

Refusal to sign

In circumstances where the worker refuses to sign this form, it should be noted on the form and the worker should be advised that their employment has been terminated.

This letter will be kept on record by the Risk and Assurance- Health and safety team's health monitoring advisor.