

**SAFETY IN PRACTICE IMMUNISATION VARIATION FORM**

Student Name: .....

Student Date of Birth: ..... Student ID: .....

Course: .....

Students intending to undertake Professional Experience Placement (PEP) must ensure this form is completed and submitted if they:

- have a blood-borne virus; or
- have/had tuberculosis; or
- have a medical contraindication to a vaccination; or
- are a documented non-responder to a vaccination.

**Student Declaration:**

I understand that I am at risk of exposure to OR transmission of infectious diseases within the health care setting during PEP and that as a consequence I have sought and received advice from the appropriate health practitioner to protect myself and patients/clients from infectious diseases.

I declare that I:

- **will** follow the advice provided by the health practitioner; and
- **will not** undertake or participate in any exposure-prone procedures if I have a blood-borne virus.

Student Signature: ..... Date: .....

**Health Practitioner Declaration:**

**Infectious Diseases Specialist** – for Medicine and Paramedic courses.

**GP or ID/Respiratory/Immunology Specialist** – for other College of Health and Medicine PEP courses.

I confirm that I have discussed the risks of exposure/transmission of infectious diseases within health care settings with the student and provided advice to protect the student and patients/clients from infectious diseases during PEP.

Doctor Name &amp; Specialty: .....

Address: .....

Phone: ..... Email: .....

Doctor Signature: ..... Provider number: ..... Date: .....

*Please submit the completed form to your Program PEP Coordinator/Administrator.*