

SAFETY IN PRACTICE COVID-19 VACCINATION REFUSAL DECLARATION FORM

Student Details:

Student Surname:	Given Names:	Date of Birth:
Email Address:	Course:	Student ID:

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

- have chosen not to follow and/or maintain public health recommendations regarding COVID-19 vaccinations for health care professionals (Tasmania only)

Student Declaration:

I understand that I am at risk of exposure to AND/OR at risk of transmitting COVID-19 within the health care setting during PEP. I have sought and received advice from the appropriate health practitioner about protecting myself and patients/clients from COVID-19.

I also understand that by not following public health recommendations regarding COVID-19 vaccinations, that my PEP opportunities may be limited and consequently pose a risk of extending my course length if an appropriate PEP cannot be sourced.

I declare that:

- I **will** follow the advice provided by the health practitioner.

Student Signature:	Date:
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Once completed by Health Practitioner, please add this form to your Immunisation record and upload to InPlace.

Health Practitioner Declaration:

I confirm that I have discussed the risks of exposure/transmission of COVID-19 within health care settings with the student and provided advice to protect the student and patients/clients from COVID-19 during PEP.

Doctor Name & Specialty:		
Telephone:	Email:	Provider Number:
Doctor Signature:		Date: