

Undertaking/Declaration Form

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

What is the purpose of this form

This form must be completed when applying for a Category A position/before attending placement at NSW Health. The undertaking/ declaration form ensures all applicants are aware of and comply with the [NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases \(OASV\) Policy Directive](#). Appendix 1 Evidence of Protection provides a summary of these requirements.

Who is required to complete this form

All individuals applying for a position in NSW Health including new recruits, existing staff being assessed against the policy, students, volunteers, facilitators and contractors (including visiting medical officers and agency staff) who provide services at a NSW Health facility and for or on behalf of NSW Health.

Instructions

1. Download the form before filling it in. Click [here](#) for steps to complete a PDF fillable form.
2. Read the undertaking/declaration form carefully.
3. Only tick the options in the 'Undertaking/Declaration Form' applicable to your circumstances.
4. Complete all sections of the 'Declaration'.

Next steps

To commence employment/attend clinical placements:

1. All **Category A** workers (including students) are also required to:
 - a. Complete the [Tuberculosis \(TB\) Assessment Tool](#) and
 - b. Provide evidence of protection as specified in [Appendix 1 Evidence of protection](#) of the policy directive. Vaccinations and serology results may be recorded on the [NSW Health Vaccination Record Card](#).
2. **Return the completed forms** to the health facility with the application/enrolment or before attending their first clinical placement. (Parent/guardian may sign if student is under 18 years of age).
3. The **recruitment agency/education provider** must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment.
4. The **NSW Health agency** must assess these forms and the evidence of protection.

Undertaking/Declaration Form



I, _____ declare that (tick the applicable options):

1	I agree to abide by the requirements of the NSW Health <u>Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases (OASV) Policy Directive</u> including Appendix 1 Evidence of Protection.								
2	I consent to assessment, and I undertake to participate in the assessment, screening, and vaccination process; AND <table border="1"><tr><td>a.</td><td>I am not aware of any personal circumstances that would prevent me from completing these requirements; OR</td></tr><tr><td>b.</td><td>I am aware of a medical contraindication(s) and/or I am persistent hepatitis B non-responders that may prevent me from fully completing these requirements and have provided documentation of the medical contraindication(s) as required by the NSW Health OASV Policy Directive (Section 5: <u>Medical Contraindications and Hepatitis B Vaccine Non-Responders</u>). I request consideration of my circumstances. If NSW Health accepts my medical contraindication and/or I am a hepatitis B non-responder: <table border="1"><tr><td>i.</td><td>I understand that I will be informed of the risks of infection, the consequences of infection and management in the event of exposure and agree to comply with the protective measures required by the health service and as defined by <u>PD2023_025 Infection Prevention and Control in Healthcare Settings</u>; AND</td></tr><tr><td>ii.</td><td>If the medical contraindication is temporary, I understand I must be reviewed and agree to be vaccinated once the medical exemptions end.</td></tr></table></td></tr></table>	a.	I am not aware of any personal circumstances that would prevent me from completing these requirements; OR	b.	I am aware of a medical contraindication(s) and/or I am persistent hepatitis B non-responders that may prevent me from fully completing these requirements and have provided documentation of the medical contraindication(s) as required by the NSW Health OASV Policy Directive (Section 5: <u>Medical Contraindications and Hepatitis B Vaccine Non-Responders</u>). I request consideration of my circumstances. If NSW Health accepts my medical contraindication and/or I am a hepatitis B non-responder: <table border="1"><tr><td>i.</td><td>I understand that I will be informed of the risks of infection, the consequences of infection and management in the event of exposure and agree to comply with the protective measures required by the health service and as defined by <u>PD2023_025 Infection Prevention and Control in Healthcare Settings</u>; AND</td></tr><tr><td>ii.</td><td>If the medical contraindication is temporary, I understand I must be reviewed and agree to be vaccinated once the medical exemptions end.</td></tr></table>	i.	I understand that I will be informed of the risks of infection, the consequences of infection and management in the event of exposure and agree to comply with the protective measures required by the health service and as defined by <u>PD2023_025 Infection Prevention and Control in Healthcare Settings</u> ; AND	ii.	If the medical contraindication is temporary, I understand I must be reviewed and agree to be vaccinated once the medical exemptions end.
a.	I am not aware of any personal circumstances that would prevent me from completing these requirements; OR								
b.	I am aware of a medical contraindication(s) and/or I am persistent hepatitis B non-responders that may prevent me from fully completing these requirements and have provided documentation of the medical contraindication(s) as required by the NSW Health OASV Policy Directive (Section 5: <u>Medical Contraindications and Hepatitis B Vaccine Non-Responders</u>). I request consideration of my circumstances. If NSW Health accepts my medical contraindication and/or I am a hepatitis B non-responder: <table border="1"><tr><td>i.</td><td>I understand that I will be informed of the risks of infection, the consequences of infection and management in the event of exposure and agree to comply with the protective measures required by the health service and as defined by <u>PD2023_025 Infection Prevention and Control in Healthcare Settings</u>; AND</td></tr><tr><td>ii.</td><td>If the medical contraindication is temporary, I understand I must be reviewed and agree to be vaccinated once the medical exemptions end.</td></tr></table>	i.	I understand that I will be informed of the risks of infection, the consequences of infection and management in the event of exposure and agree to comply with the protective measures required by the health service and as defined by <u>PD2023_025 Infection Prevention and Control in Healthcare Settings</u> ; AND	ii.	If the medical contraindication is temporary, I understand I must be reviewed and agree to be vaccinated once the medical exemptions end.				
i.	I understand that I will be informed of the risks of infection, the consequences of infection and management in the event of exposure and agree to comply with the protective measures required by the health service and as defined by <u>PD2023_025 Infection Prevention and Control in Healthcare Settings</u> ; AND								
ii.	If the medical contraindication is temporary, I understand I must be reviewed and agree to be vaccinated once the medical exemptions end.								
3	If I have received the minimum number of doses to commence employment/attend placement and I am granted temporary compliance, <table border="1"><tr><td>a.</td><td>I undertake to complete the outstanding vaccination and/or tuberculosis requirements within the timeframes required by the NSW Health OASV Policy Directive and agree to comply with the protective measures required by the health service; AND</td></tr><tr><td>b.</td><td>I understand that failure to complete the outstanding vaccination and/or tuberculosis requirements within the appropriate timeframe(s) may result in suspension from further clinical placements/duties and may jeopardise my course of study/ work/employment.</td></tr></table>	a.	I undertake to complete the outstanding vaccination and/or tuberculosis requirements within the timeframes required by the NSW Health OASV Policy Directive and agree to comply with the protective measures required by the health service; AND	b.	I understand that failure to complete the outstanding vaccination and/or tuberculosis requirements within the appropriate timeframe(s) may result in suspension from further clinical placements/duties and may jeopardise my course of study/ work/employment.				
a.	I undertake to complete the outstanding vaccination and/or tuberculosis requirements within the timeframes required by the NSW Health OASV Policy Directive and agree to comply with the protective measures required by the health service; AND								
b.	I understand that failure to complete the outstanding vaccination and/or tuberculosis requirements within the appropriate timeframe(s) may result in suspension from further clinical placements/duties and may jeopardise my course of study/ work/employment.								

Declaration

I, _____
declare that the information provided is correct and I will abide by the requirements of the undertaking.

Date of birth _____ Worker/Student ID (if available) _____

Email _____

Contact number _____

NSW Health Agency/Education provider _____

Signature _____ Date _____

Parent/guardian name _____

(where required for workers/students under 18 years)

Parent/guardian signature _____

Date _____