

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 position 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

1. To commence employment/attend clinical placements:
 - a. All **Category A** workers (including students) are also required to:
 - i. Complete the [Tuberculosis \(TB\) Assessment Tool](#) and
 - ii. 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](#).
 - b. All Category B workers are also required to:
 - i. Provide evidence of COVID-19 protection as specified in [Appendix 1 Evidence of protection](#) of the policy directive.
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="0"><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 Vaccine Non-Responders</u>). I request consideration of my circumstances.</td></tr></table> <p>If NSW Health accepts my medical contraindication and/or I am a hepatitis B non-responder:</p> <table border="0"><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 (refer to <u>Appendix 6 Specified Infectious Diseases: Risks and Consequences of Exposure</u>) and agree to comply with the protective measures required by the health service and as defined by <u>PD2017_013 Infection Prevention and Control Policy</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>	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 Vaccine Non-Responders</u>). I request consideration of my circumstances.	i.	I understand that I will be informed of the risks of infection, the consequences of infection and management in the event of exposure (refer to <u>Appendix 6 Specified Infectious Diseases: Risks and Consequences of Exposure</u>) and agree to comply with the protective measures required by the health service and as defined by <u>PD2017_013 Infection Prevention and Control Policy</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.
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3	If I am granted temporary compliance with the hepatitis B and/or tuberculosis requirements, <table border="0"><tr><td>a.</td><td>I undertake to complete the hepatitis B and/or tuberculosis requirements within the timeframes required by the NSW Health OASV Policy Directive; AND</td></tr><tr><td>b.</td><td>I understand that failure to complete the outstanding hepatitis B 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 hepatitis B and/or tuberculosis requirements within the timeframes required by the NSW Health OASV Policy Directive; AND	b.	I understand that failure to complete the outstanding hepatitis B 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.				
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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 _____