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| --- | --- |
|  | Immunisation Declaration |

# Staff Member/Student To Complete

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Name** |       | **University ID** | U      |
| **Given Names** |       | **Telephone** |       |
| **Address** |       |
| **Date of Birth** |       | **Medicare No.** |       |
| **College/Div/Centre** |       | **Dept/School/Section** |       |

# Medical Provider To Complete

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **I declare that I have administered vaccine to the staff member/student identified on this form as follows:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Vaccine** | **Date of Serology Test** (if applicable) | **Results of Serology Test** (if applicable) | **Date of Vaccination** |
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| --- | --- | --- |
| **Name:**  | **Signature:** | **Date:** |
| **Qualification:** | **Medicare Provider No/ACIR Registration No.** |

  |

**The staff member/student should discuss his/her immunisation status with his/her supervisor. The completed form should be forwarded to Injury Prevention at** **injurymanagement@anu.edu.au** **for inclusion on the staff member’s/student’s personal file.**